Image# 14941620930					PAGE 1 / 111
FEC A	EPORT OF I ND DISBUR of the Than An Auth	SEMENT	s	Office U	se Only
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT V	Example: If typin over the lines.	ng, type 12	FE4M5	
American Hospital Assoc	ciation PAC]
ADDRESS (number and street)	325 Seventh Street, NW				
▼	Suite 700				
Check if different than previously reported. (ACC)	Washington			C 2000	4
2. FEC IDENTIFICATION NUM	BER V CITY	< ▲	STAT	ſE ▲	ZIP CODE
C C00106146	3. IS RE		NEW N) OR	AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) 	Report Due On: Mar 2	20 (M3) × • 20 (M4) • • • • • • • • • • • • • • • • • • •		Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S)	In the State of Special (30S)
Termination Report (TER)	Report for the:	on /	D D / Y	Y Y Y	in the State of
5. Covering Period 05	/ 01 / 2014 Report and to the best of r	through	05 /	3120	14 vite.
-	Ms. Melinda Hatton				
Signature of Treasurer	inda Hatton	[Electronically	<i>Filed]</i> Date	06 / 20	2014
NOTE: Submission of false, erroneou	is, or incomplete information	may subject the per-	son signing this R	eport to the penalt	ies of 2 U.S.C. §437g.
Office Use Only					FORM 3X Rev. 12/2004

06/20/2014 15 : 16

_	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS		
FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISDURSEMENTS		Page 2
Write or Type Committee Name			
American Hospital Association	PAC		
Report Covering the Period: From:	05 01 / YEYEY 2014	To:	05 31 Y Y Y 2014
	COLUMN A This Period		COLUMN B Calendar Year-to-Date

V

6.	(a)	Cash on Hand January 1, 2014		3126501.95
	(b)	Cash on Hand at Beginning of Reporting Period	2754402.31	
	(c)	Total Receipts (from Line 19)	143000.01	833175.95
	(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2897402.32	3959677.90
7.	Tota	I Disbursements (from Line 31)	295357.06	1357632.64
8.	Rep	h on Hand at Close of orting Period otract Line 7 from Line 6(d))	2602045.26	2602045.26
9.	the	ts and Obligations Owed TO Committee (Itemize all on edule C and/or Schedule D)	0.00	
10.	the	ts and Obligations Owed BY Committee (Itemize all on edule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

×

Image#	14941	620932
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DETAILED SUMMARY PAGE

of Receipts

Page 3

833175.95

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From:		o: 05 / 31 / 2014			
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
1. Contributions (other than loans) From:					
(a) Individuals/Persons Other					
Than Political Committees	104729.88	311073.64			
(i) Itemized (use Schedule A)	7 7 7				
(ii) Unitemized	38035.91	90305.99			
(iii) TOTAL (add	7. 7. 000000				
Lines 11(a)(i) and (ii)	142765.79	401379.63			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees	0.00	5000.00			
(such as PACs)	0.00	5000.00			
(d) Total Contributions (add Lines					
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	142765.79	406379.63			
2. Transfers From Affiliated/Other	7 7	7 7			
Party Committees	0.00	425500.00			
	7 7 7	7 7			
3. All Loans Received	0.00	0.00			
4. Loan Repayments Received	0.00	0.00			
5. Offsets To Operating Expenditures	7 7 7	7 7 7			
(Refunds, Rebates, etc.)					
(Carry Totals to Line 37, page 5)	0.00	0.00			
6. Refunds of Contributions Made	,	, , , , , , , , , , , , , , , , , , , ,			
to Federal Candidates and Other					
Political Committees	0.00	0.00			
7. Other Federal Receipts	224.02	4000.00			
(Dividends, Interest, etc.)	234.22	1296.32			
(a) Non-Federal Account					
(from Schedule H3)	0.00	0.00			
(7 7	7 7 000			
(b) Levin Funds (from Schedule H5)	0.00	0.00			
	7 7	7 7			
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00			
, .,					
9. Total Receipts (add Lines 11(d),					
12, 13, 14, 15, 16, 17, and 18(c))►	143000.01	833175.95			
D. Total Federal Receipts					

143000.01

DETAILED SUMMARY PAGE

of Disbursements

	FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	perating Expenditures:) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	310.32	2428.33
(c)) Total Operating Expenditures		
Tr	(add 21(a)(i), (a)(ii), and (b))► ansfers to Affiliated/Other Party	310.32	2428.33
Ċ	ommittees ontributions to	0.00	0.00
ar	ederal Candidates/Committees nd Other Political Committees	83300.00	432300.00
	dependent Expenditures se Schedule E) pordinated Party Expenditures	211746.74	921904.31
Co (2 (u	oordinated Parfy Expenditures U.S.C. §441a(d)) se Schedule F)	0.00	0.00
Lc	pan Repayments Made	0.00	0.00
Lc	oans Made	0.00	0.00
Re (a	efunds of Contributions To:) Individuals/Persons Other Than Political Committees	0.00	1000.00
(b) Political Party Committees	0.00	0.00
(c)) Other Political Committees		0.00
	(such as PACs)	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))►	0.00	1000.00
Ot	ther Disbursements	0.00	0.00
Fe (a	·		
	(from Schedule H6) (i) Federal Share	0.00	0.00
(h	(ii) "Levin" Share) Federal Election Activity Paid Entirely	0.00	0.00
(b	With Federal Funds	0.00	0.00
(c)) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
	otal Disbursements (add Lines 21(c), 22, 3, 24, 25, 26, 27, 28(d), 29 and 30(c))	295357.06	1357632.64
	tal Federal Disbursements		
(s	ubtract Line 21(a)(ii) and Line 30(a)(ii)		
fro	om Line 31)	295357.06	1357632.64

FE6AN026

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	142765.79	406379.63
 Total Contribution Refunds (from Line 28(d)) 	0.00	1000.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	142765.79	405379.63
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	310.32	2428.33
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	310.32	2428.33

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

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	CED RECEIPTS for each category of the Detailed Summary Page		X	11a 13		11b 14	11c	12	17
Any information copied from such Reports and S or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full) American Hospital Association	PAC								
Full Name (Last, First, Middle Initial) Mr. Gregory Bazylewicz Mailing Address 3 37th Street City Newbury FEC ID number of contributing federal political committee. Name of Employer Lahey Health Receipt For: Primary General Other (specify) ▼		Zip Code 01951-1401 ork Development Officer Year-to-Date ▼ 262.50			/ sactio	02 01	: 217539	his Period	d 2.50
Full Name (Last, First, Middle Initial) Ms. Kate Walsh Mailing Address One Boston Medical Ctr Place City Boston FEC ID number of contributing federal political committee. Name of Employer Boston Medical Center Receipt For: Primary General Other (specify) ▼	State MA C Occupation President a	Zip Code 02118-2908 Ind Chief Executive Officer Year-to-Date ▼ 800.00			actio	02 on ID :	: 2175397	his Period	d 0.00
Full Name (Last, First, Middle Initial) Mr. Philip M Cormier Mailing Address 736 Cambridge Street City Brighton FEC ID number of contributing federal political committee. Name of Employer St. Elizabeth's Medical Center Receipt For: Primary General Other (specify) ▼		Zip Code 02135-2907 ating Officer Year-to-Date ▼ 375.00			/ sacti	02 on ID	2 : 217539	his Perioo	d 5.00
SUBTOTAL of Receipts This Page (optional)			. [,		1437	7.50

TOTAL This Period (last page this line number only).....

FEC Schedule A (Form 3X) Rev. 02/2003

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name an		
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Receipt For: Aggrega Primary General Other (specify) ▼	Zip Code 01805-0001 tion re Vice President and Chief Fin ate Year-to-Date ▼ 262.50	Date of Receipt
Beceint For:	Zip Code 01880-1544 tion tion trsing Officer ate Year-to-Date ▼ 262.50	Date of Receipt 05 02 2014 Transaction ID : 21753986 Amount of Each Receipt this Period 262.50
Full Name (Last, First, Middle Initial) Mr. Kerry Watson Mailing Address 3643 North Roxboro Road City State Durham NC FEC ID number of contributing federal political committee. C Name of Employer Occupat Newton-Wellesley Hospital Presider Receipt For: Aggregat Other (specify) ▼ Other (specify) ▼		Date of Receipt 05 02 2014 Transaction ID : 21753987 Amount of Each Receipt this Period 750.00
SUBTOTAL of Receipts This Page (optional)		1275.00

TOTAL This Period (last page this line number only)......

1.

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		×	(11a		11b	11c		12	_	
						13		14	15		16	17	
	y information copied from such Reports and St for commercial purposes, other than using the												
\backslash	NAME OF COMMITTEE (In Full)												
$\Big)$	American Hospital Association F	PAC											
Α.	Full Name (Last, First, Middle Initial) Ms. Christine C Schuster RN, MBA					Date o	f Re	eceipt					
	Mailing Address 133 Old Road to Nine Acre Co	rner				м м 05	/	02			014	Y	
	City	State	Zip Code			Trans	act	ion ID :	2175398				
	Concord	MA	01742-9120		_	Amoun	t of	Each R	Receipt th	nis P	'eriod		
	FEC ID number of contributing federal political committee.	С						7	7	_	562.	50	
	Name of Employer	Occupation	1										
	Emerson Hospital	President a	nd Chief Executive Officer										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General			-									
	Other (specify)		562.50	_									
в.	Full Name (Last, First, Middle Initial) Mr Edward Lamb					Date o	f Re	eceipt					
	Mailing Address 10547 Wasatch Blvd					05	/	09) / Y)14	Y	
	City	State	Zip Code			Trans	acti		2175513		_		
	Sandy	UT	84092-4552			Amoun	t of	Each R	Receipt th	nis P	'eriod		
	FEC ID number of contributing federal political committee.	С						7		_	500.	00	
	Name of Employer	Occupation	I										
	IASIS Healthcare	Western Div	vision President										
	Receipt For:	Aggregate	Year-to-Date ▼ 500.00										
с.	Full Name (Last, First, Middle Initial) Ms. Gail Lovinger					Date o	f Re	eceipt					
	Mailing Address 2225 Simpson					м м 05	/	05)14	Y	
	City	State	Zip Code			Trans	sact	ion ID :	2175514		-		
	Evanston	IL	60201-3006			Amoun	t of	Each R	Receipt th	nis P	'eriod		
	FEC ID number of contributing federal political committee.	С						7		_	350.	00	
	Name of Employer	Occupation											
	American Hospital Association-Chicago	Vice Presid	ent Association Governance										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General			-									
	Other (specify)	L	350.00										
s	UBTOTAL of Receipts This Page (optional)			🕨				7	- 7		1412.5	50	

TOTAL This Period (last page this line number only).....

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of th Detailed Summary Pag	
		any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association		
Full Name (Last, First, Middle Initial) Ms. Shannon D. Coker Mailing Address P.O. Box 1909 116 Woodgreen Crossing City Madison FEC ID number of contributing federal political committee. Name of Employer Mississippi Hospital Association Receipt For: Primary General Other (specify) ▼	State Zip Code MS 39130-1909 C Occupation Director of Advocacy & Communication Aggregate Year-to-Date ▼ 410.	
Full Name (Last, First, Middle Initial) Mr. James A Hartley Mailing Address P O Box 13727 City Roanoke FEC ID number of contributing federal political committee. Name of Employer Carilion Clinic Receipt For: Primary General Other (specify) ▼	State Zip Code VA 24036-3727 C Occupation Board Chair Aggregate Year-to-Date ▼ 1000.0	Date of Receipt 05 05 2014 Transaction ID : 21755142 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Mr. Daniel R Kelly Mailing Address 516 North Main Street City Watford City FEC ID number of contributing federal political committee. Name of Employer McKenzie County Healthcare System Receipt For: Primary General Other (specify)	State ND Zip Code 58854-7310 C Occupation Chief Executive Officer Aggregate Year-to-Date ▼ 660.	Date of Receipt Date of Receipt Transaction ID : 21755143 Amount of Each Receipt this Period 660.00 00
SUBTOTAL of Receipts This Page (optional)		2010.00

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name an		
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Poppint For:	Zip Code 04243-0291 tion nt and Chief Executive Officer ate Year-to-Date ▼ 350.00	Date of Receipt 05 07 2014 Transaction ID : 21755144 Amount of Each Receipt this Period 350.00
Full Name (Last, First, Middle Initial) Mr. Stephen M. Ahnen Mailing Address 125 Airport Road	7	Date of Receipt
City State Concord NH FEC ID number of contributing federal political committee. C Name of Employer Occupation New Hampshire Hospital Association Presider	Zip Code 03301-7300 tion nt and CEO ate Year-to-Date ▼ 409.50	05 07 2014 Transaction ID : 21755146 Amount of Each Receipt this Period 45.50
C. Full Name (Last, First, Middle Initial) Mr. Michael E Henze Mailing Address 1548 Mockingbird Lane City State Osage Beach MO	Zip Code 65065-2416	Date of Receipt 05 02 2014 Transaction ID : 21755148 Amount of Each Receipt this Period
Bossint For:	tion xecutive Officer ate Year-to-Date ▼ 650.00	650.00
SUBTOTAL of Receipts This Page (optional)	•	1045.50

TOTAL This Period (last page this line number only)......

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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••••			Detailed Summary Page		X 11a	ι		11b	11c	1	12							
<u> </u>					13			14	15		16	17						
An or	y information copied from such Reports and S for commercial purposes, other than using the	Statements mage name and a	ay not be sold or used by any p ddress of any political committee	erson e to s	for the for the formation of the formati	ne p con	burp tribu	ose of utions	soliciting	g cont h com	tributi nmitte	ons e.						
\backslash	NAME OF COMMITTEE (In Full)																	
\square	American Hospital Association	PAC																
Α.	Full Name (Last, First, Middle Initial) Mr. Herb B. Kuhn				Date	of	Rec	ceipt										
	Mailing Address 5310 Saddlebrooke Lane				M 05	M	/	07		201		Y						
	City	State	Zip Code			_	actio											
	Lohman	MO	65053-9353		Transaction ID : 21755967 Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	ů – Elektrik																
	Name of Employer	Occupation		_														
	Missouri Hospital Association	President a	nd CEO															
	Receipt For:	Aggregate	Year-to-Date ▼															
	Primary General	riggioguio		11														
	Other (specify)	L	375.00															
	Full Name (Last, First, Middle Initial) Mr. Daniel R. Landon				Date	of	Rec	ceipt										
Mailing Address 1811 Forest Park Court						5	/	07		y 201	4	Y						
	City	State	Zip Code		Tra	nsa	ictic	on ID :	2175596									
	Jefferson City	65109-9782		Amo	unt	of E	Each F	Receipt th	nis Pe	eriod								
	FEC ID number of contributing federal political committee.	С		125.00														
	Name of Employer	Occupation	I															
	Missouri Hospital Association	Sr. Vice Pre	esident, Governmental Relat															
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00															
— C.	Full Name (Last, First, Middle Initial) Mr. Michael Maron				Date	of	Rec	ceipt										
	Mailing Address 345 Grove Street				M 0		/	09		201		Y						
	City	State	Zip Code		Tra	nsa	actio	on ID :	2175598									
	Oradell	NJ	07649-2229		Amo	unt	of E	Each F	Receipt th	nis Pe	eriod							
FEC ID number of contributing federal political committee.							1	1300.	00									
	Name of Employer	1																
	Holy Name Medical Center President and Chief Executive Officer																	
	Receipt For: Aggregate Year-to-Date ▼																	
	Primary General	33. 594.0																
	Other (specify)	1300.00																
					_		_	_				_						

TOTAL This Period (last page this line number only).....

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		(11a		11b	11c		12			
_					13		14	15		16	17		
	y information copied from such Reports and a for commercial purposes, other than using th												
$\left \right\rangle$	NAME OF COMMITTEE (In Full)												
	American Hospital Association	PAC											
Α.	Full Name (Last, First, Middle Initial) Ms. Donna M. Vaglio			Date o	of Re	eceipt							
	Mailing Address 700 10th Street				M M	/	D	D /	Y Y	Y	Y		
	Apt 7				05		09)	2	2014			
	City	State NJ	Zip Code 07094-2920	Transaction ID : 21755989									
	Secaucus	_	Amoun	t of	Each	Receipt	this F	Period					
	FEC ID number of contributing federal political committee.				7			1300	.00				
	Name of Employer	Occupation	l										
	Holy Name Medical Center	Director											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General			11.									
	Other (specify)		1300.00										
в.	Full Name (Last, First, Middle Initial) Mr. James P Evans ESQ				Date o	of Re	eceipt						
Mailing Address 2273 Cairnwell Drive						/	07			014	Y		
	City	State	Zip Code		Trans	sact	ion ID	: 217561		_			
	Belvidere	IL	61008-7404		Amoun	t of	Each	Receipt	this F	Period			
	FEC ID number of contributing federal political committee.	С					7	7	_	250.	.00		
	Name of Employer	Occupation	1	_									
	Rockford Memorial Hospital	Vice Presid	ent Legal Affairs and Gener										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General	riggiogato		11.									
	Other (specify)	L	250.00										
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. Anthony Filer				Date o	of Re	eceipt						
	Mailing Address 19065 Hickory Creek Drive, S	Suite 3			м м 05	/	07			014	Y		
	City	State	Zip Code		Trans	sact	ion ID	: 21756	114	_			
	Mokena	IL	60448-8599		Amoun	t of	Each	Receipt	this F	Period			
	FEC ID number of contributing federal political committee.	C					,		_	250	.00		
	Name of Employer Occupation												
	Presence Health Chief Financial Officer												
	Receipt For: Aggregate Year-to-Date ▼												
	Primary General												
Other (specify) V 250.00													
s	UBTOTAL of Receipts This Page (optional)					1	7			1800.	00		

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Hospital Association	PAC		
Full Name (Last, First, Middle Initial) Ms. Maureen A Kahn RN Mailing Address PO BOX 7005 City Quincy FEC ID number of contributing federal political committee. Name of Employer Blessing Hospital Receipt For: Primary General Other (specify) ▼	State IL Occupation President and O Aggregate Yea	Zip Code 62305-7005 Chief Executive Officer ar-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) Ms. Michele Lippert RN, MS Mailing Address 1754 Rowntree Ln City Rockford FEC ID number of contributing federal political committee. Name of Employer Rockford Health Physicians Receipt For: Primary General Other (specify) ▼	State IL C Occupation Chief Operating Aggregate Yea		Date of Receipt
Full Name (Last, First, Middle Initial) Mr. Harry Wolin Mailing Address P O Box 530 City Havana FEC ID number of contributing federal political committee. Name of Employer Mason District Hospital Receipt For: Primary General Other (specify) ▼	State IL Occupation Administrator a Aggregate Yea	Zip Code 62644-0530 Ind Chief Executive Offi ar-to-Date ▼ 500.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			1250.00

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page		< 11a		11b	11c		12				
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Any information copie or for commercial put	ed from such Reports and rposes, other than using	d Statements mathe name and a	ay not be sold or used by any p ddress of any political committee	erson e to si	for the olicit co	pui phtril	rpose of butions fi	soliciting) cor h co	ntribut mmitte	ions e.			
	· · · · · · · · · · · · · · · · · · ·													
ight angle American Ho	ospital Association	n PAC												
Full Name (Last, F														
A. Dr. Ramanatha	•				Date o	of Re	eceipt							
Mailing Address 1	25 Worth Street, Room 51	4			M N	1		/ Y		Y	Y			
City		State	Zip Code	_	05 Tran	sact	07	2175612)14				
New York		NY	10013-4006		Transaction ID : 21756120 Amount of Each Receipt this Period									
FEC ID number of federal political co	Ũ	С								500.	00			
Name of Employe	r	Occupation		_										
	Ith and Hospitals Cor	President												
Receipt For:	•	Aggregate	Year-to-Date ▼											
Primary	General	33 13 11		11.										
Other (speci	fy) 🔻		500.00	4										
Full Name (Last, F														
B. Dr. Craig Con				_	Date c	of Re	eceipt							
Mailing Address g	21 N. Mill				05	۲ /	02	/ Y		14	Y			
City		State	Zip Code			sact	ion ID : 2	2175888						
Beloit		KS	67420-1751				Each R			eriod				
FEC ID number of federal political co						5	7		250.	00				
Name of Employe	r	Occupation												
Kansas Hospital As	ssociation	Board Mem	ber											
Receipt For: Primary	General	Aggregate	Year-to-Date ▼											
Other (speci	fy) ▼		250.00	4										
Full Name (Last, F C. Mr. Steven G	First, Middle Initial)				Date o	of D	occint							
Mailing Address F	•				M N		· D D	/ Y		Y	Y			
City		State	Zip Code	_	05		02	0475000		14				
Newton		KS	67114-0325				tion ID : Each R			eriod				
FEC ID number of federal political co	0	С						,		300.	.00			
Name of Employe	r	Occupation		_										
Newton Medical Co		nd Chief Executive Officer												
Receipt For:			Year-to-Date ▼	\neg										
Primary	General													
Other (speci	ту) 🔻		300.00											
		I			-	-			-	1050	00			
SUBTOTAL of Rece	pipts This Page (optional)		•••••••••••••••••••••••••••••••••••••••				7		-	1050.0				

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Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stat or for commercial purposes, other than using the n		
NAME OF COMMITTEE (In Full) American Hospital Association P	AC	
Borgess Medical Center	State Zip Code MI 49048-1640 C C Occupation C Executive Vice President Aggregate Year-to-Date ▼ 350.00 350.00	Date of Receipt
Bronson Healthcare Group, Inc.	State Zip Code MI 49024-2352 C C Occupation C Senior Vice President Legal and Legisl Aggregate Year-to-Date ▼ 262.50	Date of Receipt
St. Joseph Mercy Oakland	State Zip Code MI 48341-5023 C Occupation Occupation Chief Operating Officer Aggregate Year-to-Date ▼ 262.50	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	······	875.00

TOTAL This Period (last page this line number only)......

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Use separate schedule(s) for each category of the

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(check only one)

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111

			Detailed Summary Page		-		11b	11c		12	<u> </u>
	rmation copied from such Reports and mmercial purposes, other than using th								g con		
	e of COMMITTEE (In Full) erican Hospital Association	PAC									
A. Ms. Mailin City Othel FEC Name Othell Recei	lame (Last, First, Middle Initial) Connie Agenbroad g Address 315 North 14th Street llo ID number of contributing al political committee. e of Employer lo Community Hospital pt For: Primary General Other (specify) ▼		Zip Code 99344-1254 utive Officer Year-to-Date ▼ 375.00	_		/ sact	ion ID				ч 00
B. Mr. Mailin City Hono FEC federa Name Kuakin	lame (Last, First, Middle Initial) Gary K Kajiwara g Address 347 North Kuakini Street lulu ID number of contributing al political committee. e of Employer ni Medical Center pt For: Primary General Other (specify) ▼		Zip Code 96817-2382 nd Chief Executive Officer Year-to-Date ▼ 500.00			/ acti	ion ID				Y 00
C. Mr. Mailin City Kem FEC federa Name South	Iame (Last, First, Middle Initial) Eric Boley g Address P O Box 390 merer ID number of contributing al political committee. a of Employer a Lincoln Medical Center pt For: Primary General Other (specify) ▼		Zip Code 83101-0390	_		/ sact	ion ID			14	Y 00
SUBTO	TAL of Receipts This Page (optional)							1.40	1	125.0	00

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Use separate schedule(s) for each category of the

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111

ITEMIZED RECEIPTS		category of the Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Hospital Association I	PAC		
Full Name (Last, First, Middle Initial) Mr. Mark J Neff FACHE Mailing Address 222 Medical Circle City Morehead FEC ID number of contributing federal political committee. Name of Employer St. Claire Regional Medical Center Receipt For: Primary General Other (specify) ▼	State Zip Coo KY 40351- C Occupation President and Chief Exe Aggregate Year-to-Date	ecutive Officer	Date of Receipt
Full Name (Last, First, Middle Initial) Mr. Steven Grinnell Mailing Address 3941 Alameda Cres City Paducah FEC ID number of contributing federal political committee. Name of Employer Lourdes Hospital Receipt For: Primary General Other (specify) ▼	State Zip Coo KY 42001- C Occupation President and Chief Exe Aggregate Year-to-Date	ecutive Officer	Date of Receipt 05 / 12 / 2014 Transaction ID : 21764638 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Mr. John D Harryman Mailing Address 4001 Dutchmans Lane City Louisville FEC ID number of contributing federal political committee. Name of Employer Norton Brownsboro Hospital Receipt For: Primary General Other (specify)	State Zip Coo KY 40207- C Occupation President Aggregate Year-to-Date	.4799	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			1500.00

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stat or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) American Hospital Association PA	AC	
Saint Joseph Hospital	State Zip Code KY 40504-3742 C C Occupation Vice President/ Medical Affairs & Qual Aggregate Year-to-Date ▼ 500.00	Date of Receipt
Carilion Clinic	State Zip Code VA 24036-3727 C Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ 350.00	Date of Receipt
Virginia Hospital & Healthcare Associa	State Zip Code VA 23233-3320 C Occupation Senior Vice President Aggregate Year-to-Date ▼ 350.00 350.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		▶ 1200.00

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) American Hospital Association PA	C	
Name of Employer O Virginia Hospital & Healthcare Associa V	State Zip Code VA 23220-3721 C C Decupation C Decupation G ice President G Aggregate Year-to-Date ▼ 350.00	Date of Receipt
Name of Employer O Martha Jefferson Hospital Pi	State Zip Code VA 22902-4808 C C Decupation C Decupation C resident and Chief Executive Officer Aggregate Year-to-Date ▼ 350.00 350.00	Date of Receipt
Name of Employer O Winchester Medical Center P	0 State Zip Code VA 22601-2889 C Decupation resident Aggregate Year-to-Date ▼ 350.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	•	1050.00

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		X 11a		11b	11c		12		
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	y information copied from such Reports and for commercial purposes, other than using											
\backslash	NAME OF COMMITTEE (In Full)											
	American Hospital Associatio	n PAC										
Α.	Full Name (Last, First, Middle Initial) Mr. Ray Mishler				Date o	of R	eceipt					
	Mailing Address 100 Boulder Sprint Ct.				05	1	09	У / Ү		014	Y	
	City	State	Zip Code			sac		2176583		514		
	Charlottesville	VA	22902-8790					Receipt thi		eriod		
	FEC ID number of contributing federal political committee.				7			350.	00]		
	Name of Employer	Occupation	1									
	Martha Jefferson Hospital	Vice Presid	ent									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	7.99.09410		11.								
	Other (specify)		350.00									
в.	Full Name (Last, First, Middle Initial) Mr. Patrick B Nolan				Date o	of R	eceipt					
	Mailing Address 1000 North Shenandoah A			05	1	09) / Y)14	Y		
	City	State	Zip Code			sac		2176584				
	Front Royal	22630-3547					Receipt thi		'eriod			
	FEC ID number of contributing federal political committee.	uting C 350						350.	00]		
	Name of Employer	Occupation	1									
	Warren Memorial Hospital	President a	nd Chief Executive Officer									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]								
<u></u>	Full Name (Last, First, Middle Initial) Mr. Fred M Rankin III				Date o	of R	eceipt					
	Mailing Address 4 Derby Drive				05	1	/ 09)14	Y	
	City	State	Zip Code		Tran	sac	tion ID :	2176584	2			
	Fredericksburg	VA	22405-3315		Amoun	t o	f Each F	Receipt thi	is F	'eriod		
	FEC ID number of contributing federal political committee.	С					7		_	350.	00	
	Name of Employer	Occupation	1									
	Mary Washington Hospital	President a	nd Chief Executive Officer									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General			11								
	Other (specify)	350.00										
	UBTOTAL of Receipts This Page (optional)					-			-	1050.	00	1
^ع ا	Service of ficcopis this rage (optional)	•••••			- London		7		diam'n.	1	-	

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FEC Schedule A (Form 3X) Rev. 02/2003

Use separate schedule(s) for each category of the

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Associati	on PAC		
A. Full Name (Last, First, Middle Initial) Mr. R. Brent Rawlings Mailing Address P O Box 31394	State	Zip Code	Date of Receipt
Richmond FEC ID number of contributing federal political committee.	VA	23294-1394	Transaction ID : 21765843 Amount of Each Receipt this Period 350.00
Name of Employer Virginia Hospital & Healthcare Associa Receipt For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) B. Mr. Laurens Sartoris Mailing Address P O Box 31394			Date of Receipt
City Richmond FEC ID number of contributing federal political committee. Name of Employer Virginia Hospital & Healthcare Associa Receipt For:	State VA C Occupation President Aggregate	Zip Code 23294-1394	05 09 2014 Transaction ID : 21765845 Amount of Each Receipt this Period 350.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		350.00]
C. Mr. J Kirk Norris Mailing Address 100 East Grand Avenue		7.0.1	Date of Receipt
City Des Moines	State IA	Zip Code 50309-1800	Transaction ID : 21768742 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Iowa Hospital Association Receipt For: Primary General Other (specify)	Occupation President Aggregate	Year-to-Date ▼ 1000.00	1
SUBTOTAL of Receipts This Page (optional	al)		1200.00

TOTAL This Period (last page this line number only).....

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			berson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Associat	ion PAC		
Full Name (Last, First, Middle Initial) A. Mr. Steven J Simonin Mailing Address 1316 South Main Street City Clarion FEC ID number of contributing federal political committee.	State IA	Zip Code 50525-2019	Date of Receipt
Name of Employer Iowa Specialty Hospital-Clarion Receipt For: Primary General Other (specify) ▼		utive Officer Year-to-Date ▼ 250.00]
B. Full Name (Last, First, Middle Initial) Mr. Monte Neitzel Mailing Address 1700 West Townline	State	Zip Code	Date of Receipt
Creston FEC ID number of contributing federal political committee. Name of Employer Greater Regional Medical Center	IA C Occupation	50801-1054	Transaction ID : 21768750 Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify) ▼	Chief Execu Aggregate	tive Officer Year-to-Date ▼ 500.00]
C. Full Name (Last, First, Middle Initial) Mr. James K Elrod FACHE Mailing Address 2600 Greenwood Road	State	Zip Code	Date of Receipt
City Shreveport FEC ID number of contributing federal political committee.	LA	71130-2600	Transaction ID : 21768751 Amount of Each Receipt this Period 500.00
Name of Employer Willis-Knighton Health System Receipt For: Primary General Other (specify) ▼	I	nd Chief Executive Officer Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)	1	1250.00

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page		(11a		11b	11c	1	2	
				13		14	15		6	17
Any information copied from such Rep or for commercial purposes, other than										
NAME OF COMMITTEE (In Full)										
American Hospital Asso	ciation PAC									
Full Name (Last, First, Middle Initial Mr. Warner L Thomas FACH				Date c	of R	eceipt				
Mailing Address 1514 Jefferson Hig	hway			м м 05	1	/ D D 12	/ Y	y 201		Y
City	State	Zip Code		Tran	sac	tion ID :	2176875	2		
New Orleans	LA	70121-2429		Amour	nt of	f Each R	eceipt th	is Per	riod	
FEC ID number of contributing federal political committee.	C					7	7	1:	250.0	00
Name of Employer	Occupation	1								
Ochsner Health System	President a	and Chief Executive Officer								
Receipt For:	Aaareaate	Year-to-Date ▼								
Primary General			11							
Other (specify) ▼		1250.00								
Full Name (Last, First, Middle Initial B. Ms. Evalyn Ormond)			Date c	of R	eceipt				
Mailing Address P O Box 398				M N 05	٦.	/ D D 12	/ Y	2014		Y
City	State	Zip Code			sact	tion ID : 1	2176875		<u> </u>	
Farmerville	LA	71241-0398				f Each R			riod	
FEC ID number of contributing federal political committee.	C					л. Г	- 7		275.0	00
Name of Employer	Occupation	1								
Union General Hospital	Chief Exec	utive Officer								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General	7.991094.0		11							
Other (specify) ▼		275.00	4							
Full Name (Last, First, Middle Initial C. Mr. William Adcock)			Date c	of R	eceipt				
Mailing Address P O Box 398				05	1	/ D D 12	/ Y	2014		Y
City	State	Zip Code		Tran	sac	tion ID :	2176875	i4		
Farmerville	LA	71241-0398		Amour	nt of	f Each R	eceipt th	is Per	riod	
FEC ID number of contributing federal political committee.	C					7	7	_	275.(00
Name of Employer	Occupation	1								
Union General Hospital	Chief Finar	ncial Officer								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		275.00								
SUBTOTAL of Receipts This Page (o	ptional)				l	5	7	18	800.0	0

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page		K 11a	Ш	11b	11c	12	-	
				13		14	15	16		17
Any information copied from such Reports or for commercial purposes, other than us	and Statements m ing the name and a	ay not be sold or used by any p address of any political committe	erson e to s	tor the olicit cor	purp ntrib	oose of utions fi	soliciting rom such	contrib ו comm	outio iittee	ns ∋.
NAME OF COMMITTEE (In Full)	0									
\rangle American Hospital Associa	tion PAC									
Full Name (Last, First, Middle Initial) A. Ms. Kathleen Derouen				Data of	f Do	agint				
Mailing Address 1701 Oak Park Boulev	ard			Date of		· .				
				05	/	12	/ Ү	2014		
City	State	Zip Code			acti		2176875			
Lake Charles	LA	70601-8911		Amount	t of	Each R	eceipt th	is Peric	bd	
FEC ID number of contributing federal political committee.	С					7	,	25	50.0	0
Name of Employer	Occupation	1	_							
Lake Charles Memorial Hospital	Senior Vice	e President Marketing								
Receipt For:	Aggregate	Year-to-Date V								
Primary General Other (specify) ▼		250.00	11							
		7 7	41.							
Full Name (Last, First, Middle Initial)										
B. Ms. Rebecca Bradley				Date of	f Re	ceipt				
Mailing Address 9521 Brookline Avenue				M M	/	DD	/ Y	Y Y	Y	1
City	State	Zip Code	_	05	۰.	12		2014	-	- L.
Baton Rouge	LA	70809-1431					2176875 eceipt th			
FEC ID number of contributing				Amoun				IS I EIIC	'n	-
federal political committee.	С			L.,	_	7	7	25	50.00	0
Name of Employer	Occupation	1	_							
Louisiana Hospital Association	Project Ma									
Receipt For:		Year-to-Date ▼								
Primary General			11.							
Other (specify)		, 250.00	4							
Full Name (Last, First, Middle Initial) C. Mr. John Paul Fuenes				Date of	f Po	ooint				
Mailing Address 5000 Hennessy Boulev	vard						/ V	Y Y	V	
				05		12		2014	_	
City	State	Zip Code		Trans	sacti	on ID :	2176875	7	_	
Baton Rouge	LA	70808-4375	_	Amount	t of	Each R	eceipt th	is Peric	bd	
FEC ID number of contributing federal political committee.	С					7	,	25	50.0	0
Name of Employer	Occupation	1								
Our Lady of the Lake Regional Medical	Foundation	n President								
Receipt For:	Aggregate	Year-to-Date V								
Primary General Other (specify)		250.00	11							
	I			_	-			_	-	_
SUBTOTAL of Receipts This Page (optio	nal)					7	9	75	50.00)
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Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Hospital Association P	AC	
Full Name (Last, First, Middle Initial) Mr. Bill Davis Mailing Address 1001 Gause Boulevard City Slidell FEC ID number of contributing federal political committee. Name of Employer Slidell Memorial Hospital Receipt For: Primary General Other (specify) ▼	State Zip Code LA 70458-2939 C C Occupation C Chief Executive Officer Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 250.00	Date of Receipt
Full Name (Last, First, Middle Initial) Ms. Donna Shields Mailing Address 1701 Oak Park Boulevard City Lake Charles FEC ID number of contributing federal political committee. Name of Employer Lake Charles Memorial Hospital Receipt For: Primary General Other (specify) ▼	State Zip Code LA 70601-8911 C Occupation VP Patient Care Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 225.00	Date of Receipt
Full Name (Last, First, Middle Initial) Mr. Charles T. Adams Mailing Address 1675 Terrell Mill Road City Marietta FEC ID number of contributing federal political committee. Name of Employer Georgia Hospital Association Receipt For: Primary General Other (specify) ▼	State Zip Code GA 30067-8339 C C Occupation C Executive Vice President Aggregate Year-to-Date ▼ 1000.00 1000.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	•	1475.00

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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•••			Detailed Summary Page		< 11a		11b	11c	L	12		
					13		14	15		16		17
	ny information copied from such Reports and S for commercial purposes, other than using the											
\backslash	NAME OF COMMITTEE (In Full)											
/	American Hospital Association I	PAC										
A.	Full Name (Last, First, Middle Initial) Ms. Anna M Adams				Date	of F	Receipt					
	Mailing Address 2600 Abbotts Glen Drive				M 05	M	/ 0 0	У / Ү	2(ү 014	Y	
	City	State	Zip Code					2177006				
	Acworth	GA	30101-3417		Amou	int c	of Each R	Receipt thi	s F	'eriod		
	FEC ID number of contributing federal political committee.	С			[7			1032.	00]
	Name of Employer	Occupation										
	Georgia Hospital Association	Governmen	t Relations Coordinator									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	, iggi oguto		11								
	Other (specify)		1032.00									
B.	Full Name (Last, First, Middle Initial) Ms. Ginger E. Anspaugh FHFMA				Date	of F	Receipt					
	Mailing Address 4002 Sunhill Court				M 05		/ 0 0) / Y	20)14	Y	
	City	State	Zip Code		Trar	nsac	tion ID :	21770064	4			
	Woodstock	GA	30189-2561		Amou	int c	of Each R	Receipt thi	s F	'eriod		
	FEC ID number of contributing federal political committee.	С					7	7		1000.	00]
	Name of Employer	Occupation		_								
	Georgia Hospital Association	Senior Vice	President & CFO									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		, 1000.00									
с.	Full Name (Last, First, Middle Initial) Mr. Donald R Avery FACHE				Date	of F	Receipt					
	Mailing Address P O Box 1408				05	М	/ 0 0) / Y)14	Y	
	City	State	Zip Code					2177006				
	Dublin	GA	31040-1408					Receipt thi		'eriod		
	FEC ID number of contributing federal political committee.	С					7			250.	00	
	Name of Employer	Occupation										
	Fairview Park Hospital	President a	nd Chief Executive Officer									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		250.00]								
s	UBTOTAL of Receipts This Page (optional)			<u> </u>						2282.0	00	1

TOTAL This Period (last page this line number only).....

FEC Schedule A (Form 3X) Rev. 02/2003

Use separate schedule(s) for each category of the

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association	on PAC		
A. Full Name (Last, First, Middle Initial) Ms. Leigh Beakley Mailing Address 3397 Triview Square			Date of Receipt
City Atlanta	State GA	Zip Code 30339-4920	05 19 2014 Transaction ID : 21770066 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		350.00
Name of Employer Georgia Hospital Association	Occupation Assistant D		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]
B. Mr. Kevin Bloye Mailing Address 2813 Bakers Bridge Drive	3		Date of Receipt
City	State	Zip Code	05 19 2014 Transaction ID : 21770068
Douglasville FEC ID number of contributing federal political committee.	GA	30134	Amount of Each Receipt this Period
Name of Employer Georgia Hospital Association	Occupation Vice Presid	ent of Public Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1008.00]
Full Name (Last, First, Middle Initial) C. Mr. Robert E. Bolden			Date of Receipt
Mailing Address 3300 Windy Ridge Pkwy Unit 1408 City	State	Zip Code	05 / 19 / Y Y Y Y 2014 Transaction ID : 21770069
Atlanta FEC ID number of contributing	GA	30339-8520	Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation		
Georgia Hospital Association Receipt For: Primary General Other (specify) ▼		Fiscal Services Year-to-Date ▼ 1000.00]
SUBTOTAL of Receipts This Page (optiona	l)		2358.00

TOTAL This Period (last page this line number only).....

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•••			Detailed Summary Page		X			11b	11c		12		1
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Ar	ny information copied from such Reports and for commercial purposes, other than using the	Statements make and a	ay not be sold or used by any po- ddress of any political committee	ersor to s	n for solic	the t cor	purp ntrib	oose of utions f	soliciting rom such) COI 1 CO	ntribu mmiti	tions ee.	,
$\left \right\rangle$	NAME OF COMMITTEE (In Full)												
	American Hospital Association	PAC											
Α.	Full Name (Last, First, Middle Initial) Ms. Cheryl L. Brimer				Da	ate of	Re	ceipt					
	Mailing Address 242 Hunting Creek Drive				ľ	и м 05	/	19	/ Y		014	Y	
	City	State	Zip Code		1		acti		2177007				
	Marietta	GA	30068-3418	_	An	nount	of	Each R	eceipt th	is F	'eriod		
	FEC ID number of contributing federal political committee.	С						9	7	_	350	.00	
	Name of Employer	Occupation	1										
	Georgia Hospital Association	Director of	Conv. & Personal Services										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General			11									
	Other (specify)		350.00										
_	Full Name (Last, First, Middle Initial)				_								
в.	Ms. Keri Conley			_	Da	ate of	Re	ceipt					
	Mailing Address 1675 Terrell Mill Road				N	05	1	D D D 19	/ Y) 14	Y	
	City	State	Zip Code		Т	rans	acti	on ID : :	2177007	3			
	Marietta	GA	30067-8339		An	nount	of	Each R	eceipt th	is F	'eriod		
	FEC ID number of contributing federal political committee.	С						7	7	_	1000	.00	
	Name of Employer	Occupation	1										
	Georgia Hospital Association	Associate C	General Counsel										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General			11									
	Other (specify)		1000.00										
<u>с</u> .	Full Name (Last, First, Middle Initial) Ms. Margaret W. Dahl	1			Da	ate of	Re	ceipt					
	Mailing Address 1170 Latham Drive					05	/	19	/ Y) 14	Y	
	City	State	Zip Code		1	Frans	acti	ion ID :	2177007	' 4	_		
	Watkinsville	GA	30677-6023		An	nount	of	Each R	eceipt th	is F	'eriod		
	FEC ID number of contributing federal political committee.	C						7	7	_	250	0.00	
	Name of Employer	Occupatior	1	_									
	Athens Regional Medical Center	Trustee											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General	33 - 32.10											
	Other (specify)		750.00										
s	SUBTOTAL of Receipts This Page (optional)			 ►				7	5		1600	.00	

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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<u> </u>	NAME OF COMMITTEE (In Full) American Hospital Association F												
Δ.	Full Name (Last, First, Middle Initial) Ms. Adrianne Feinberg Mailing Address 1675 Terrell Mill Road City Marietta FEC ID number of contributing	State GA	Zip Code 30067-8339				/ sact	19 ion ID :	2177007 Receipt th	20 7	014 Period	Y	
	federal political committee. Name of Employer Georgia Hospital Association Receipt For: Primary General Other (specify) ▼		nergency Preparedr Year-to-Date ▼	ess 504.00]			7		-	504.	00	
В.	Full Name (Last, First, Middle Initial) Ms. Meg Gilley Fischer MPH Mailing Address 1675 Terrell Mill Road City Marietta FEC ID number of contributing federal political committee. Name of Employer Georgia Hospital Association Receipt For: Primary General Other (asseift)	State GA Occupation Director of F Aggregate		840.00	_		acti	19	2177007 Receipt th	8	014 Period 840.0	Y D0]
C.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Stephanie Fletcher Mailing Address 35 Hospital Road City Blairsville FEC ID number of contributing federal political committee. Name of Employer Union General Hospital Receipt For: Primary General Other (specify) ▼	State GA C Occupation Chief Finan Aggregate	Zip Code 30512-3139 cial Officer Year-to-Date ▼	840.00			/ sact	19 ion ID :		20 7 9	014 Period 500.	У 00]
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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X 11a 11b 12 11c 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Denise Flook Α. Date of Receipt Mailing Address 222 Jevelers Ridge M M / 05 19 2014 City State Zip Code Transaction ID: 21770080 GA Lilburn 30047-2912 Amount of Each Receipt this Period FEC ID number of contributing С 225.00 federal political committee. Name of Employer Occupation Vice President Infection Prevention Georgia Hospital Association Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Lynn Hale Date of Receipt Mailing Address 2016 Arbor Forest Drive M M 05 19 2014 City State Zip Code Transaction ID: 21770083 GA Marietta 30064-8378 Amount of Each Receipt this Period FEC ID number of contributing С 1008.00 federal political committee. Name of Employer Occupation Georgia Hospital Association Assistant to the President Receipt For: Aggregate Year-to-Date ▼ Primarv General 1008.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Ms. Martha Harrell Date of Receipt Mailing Address 109 Springs Drive M = M / D 2014 05 19 City State Zip Code Transaction ID: 21770085 GA Roswell 30075-4825 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation VP Educational Services Georgia Hospital Association Receipt For: Aggregate Year-to-Date V Primary General 1000.00 Other (specify) 2233.00 SUBTOTAL of Receipts This Page (optional).....

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Ar or	y information copied from such Reports and for commercial purposes, other than using th	Statements ma e name and a	ay not be sold or used by any p ddress of any political committee	erson e to s	for the olicit co	pu ontri	rpose o butions	f soliciting from such) cont h con	tributi nmitte	ons e.
$\left \right\rangle$	NAME OF COMMITTEE (In Full)										
	American Hospital Association	PAC									
Α.	Full Name (Last, First, Middle Initial) Mr. Ethan James				Date o	of R	eceipt				
	Mailing Address 1838 Ravenwood Way				05	1	/ 19		20 ²	Y 14	Y
	City	State	Zip Code			sac		: 2177008			
	Atlanta	GA	30329-2723		Amour	nt o	f Each I	Receipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	C					7	7	2	2300.(00
	Name of Employer	Occupation	1	-							
	Georgia Hospital Association	Vice Presid	ent of Government Relations								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	33 - 3		11.							
	Other (specify)		2300.00								
в.	Full Name (Last, First, Middle Initial) Mr. Lamar Lyle				Date of	of R	eceipt				
	Mailing Address Post Office Box 44				05		/ 19		201	¥	Y
	City	State	Zip Code		Tran	sac	tion ID :	2177008			
	Dalton	GA	30722-0044		Amour	nt o	f Each I	Receipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С					7	7	_	750.0	00
	Name of Employer	Occupation	1								
	Hamilton Medical Center	Trustee									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Ms. Kathryn McGowan				Date o	of R	eceipt				
	Mailing Address 4546 Windsor Oaks Ct.				M N 05	1	/ 19		201		Y
	City	State	Zip Code		Tran	sac	tion ID	: 2177008	38		
	Marietta	GA	30066-2241		Amour	nt o	f Each I	Receipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С					7	7	1	1000.	00
	Name of Employer	Occupation	 								
	Georgia Hospital Association	Vice Presid	ent Quality & Patient Safet								
	Receipt For:		Year-to-Date ▼								
	Primary General	30 . 3									
	Other (specify)		1000.00								
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\backslash	NAME OF COMMITTEE (In Full)										
	American Hospital Association	PAC									
Α.	Full Name (Last, First, Middle Initial) Mr. William T Moore				Date o	f Re	eceipt				
	Mailing Address 3014 Castle Pines Drive				м м 05	/	D D 19	/ Y) 14	Y
	City	State	Zip Code		Trans	sact	ion ID :	2177009			
	Johns Creek	GA	30097-2039		Amoun	t of	Each R	eceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	C					л. I.			250.	00
	Name of Employer	Occupation	1								
	Atlanta Medical Center	Chief Exec	utive Officer								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			11.							
	Other (specify)	L	250.00	4							
	Full Name (Last, First, Middle Initial) Mr. Glenn Pearson				Date o	f Re	eceipt				
	Mailing Address 660 Crossfire Ridge				м м 05	/	D D D 19	/ Y	Y 20	14	Y
	City	State	Zip Code			acti		2177009			
	Marietta	GA	30064-1393					eceipt th		eriod	
	FEC ID number of contributing federal political committee.	С					,			1200.0	00
	Name of Employer	Occupation	1								
	Georgia Hospital Association	Executive V	/ice President								
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) ▼	Aggregate	1200.00	1							
— C.	Full Name (Last, First, Middle Initial) Mr. Earl Rogers				Date o	f Re	ceipt				
	Mailing Address 1155 Clarendon Drive				м м 05		D D D 19	/ Y		14	Y
	City	State	Zip Code		the second se	sact		2177009			
	Marietta	GA	30068-2162					eceipt th		eriod	
	FEC ID number of contributing federal political committee.	C					7	- 7		1200.	00
	Name of Employer	Occupation	1								
	Georgia Hospital Association	Senior VP,	Government Relations								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			- L							
	Other (specify)		1200.00								

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\backslash	NAME OF COMMITTEE (In Full)	-											
$\Big)$	American Hospital Association	PAC											
Α.	Full Name (Last, First, Middle Initial) Ms. Leslie Sainovich				Dat	te o	f Re	eceipt					
	Mailing Address 1675 Terrell Mill Road					м 05	/	19) / Y		014	Y	
	City	State	Zip Code		Т	rans	sact	ion ID :	2177009				
	Marietta	GA	30067-8339		Am	oun	t of	Each R	Receipt th	is P	'eriod		
	FEC ID number of contributing federal political committee.	С						7	7	_	204.	70	
	Name of Employer	Occupation	1										
	Georgia Hospital Association	Senior Prog	grammer, Analytical Services										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General	33 - 3		11.									
	Other (specify)	L	204.70										
в.	Full Name (Last, First, Middle Initial) Ms. Temple Sellers				Da	te o	f Re	eceipt					
	Mailing Address 2684 Canna Ridge Circle					05	/	19) / Y)14	Y	
	City	State	Zip Code		Т	rans	sact	ion ID :	2177009	8			
	Atlanta	GA	30345-1410		Am	oun	t of	Each R	Receipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С						7		_	2000.	00	
	Name of Employer	Occupation	l										
	Georgia Hospital Association	Vice Presid	ent, Legal Services										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify)		2000.00]									
с.	Full Name (Last, First, Middle Initial) Ms. Carie Summers				Dat	te o	f Re	eceipt					
	Mailing Address 1675 Terrell Mill Road					05	/	19)14	Y	
	City	State	Zip Code		Т	rans	sact	tion ID :	2177010	2			
	Marietta	GA	30067-8339		Am	oun	t of	Each R	Receipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С						7		_	1000.	00	
	Name of Employer	Occupation	I	\neg									
	Georgia Hospital Association	Vice Presid	lent, Financial Services										
	Receipt For:	Aggregate	Year-to-Date ▼										
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FEC Schedule A (Form 3X) Rev. 02/2003

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٨٠	y information copied from such Reports and Sta	atemente me	w not be sold or used by any pa		13 for the	nur	14	15 soliciting		16 otribu		17
	for commercial purposes, other than using the											
\backslash	NAME OF COMMITTEE (In Full)	_										
$\Big)$	American Hospital Association P	PAC										
Α.	Full Name (Last, First, Middle Initial) Ms. Karen Waters				Date of	f Re	ceipt					
	Mailing Address 3675 Lassiter Road				м м 05	/	19	/ Y) 14	Y	
	City	State	Zip Code		Trans	acti		21770104		-		
	Marietta	GA	30062-4119		Amoun	t of	Each R	eceipt thi	s F	eriod		
	FEC ID number of contributing federal political committee.	С					7			1200	.00	
	Name of Employer	Occupation										
	Georgia Hospital Association	Vice Preside	ent, Professional Services									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		1200.00									
			7 7 7									
в.	Full Name (Last, First, Middle Initial) Ms. Kristen D. W. Morris				Date of	f Ro	ceint					
	Mailing Address 33700 Woodleigh Rd					_			V	V	V	
					05		14		20	14		
	City	State	Zip Code		Trans	acti	on ID : 2	21770854	ŀ			
	Pepper Pike	OH	44124-5259	'	Amoun	t of	Each R	eceipt thi	s F	eriod		
	FEC ID number of contributing federal political committee.	С					7	7		500	00	
	Name of Employer	Occupation										
	Cleveland Clinic Health System	Chief Gover	nment and Community Relatio									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		500.00									
	Other (specify)		, , , , , , , , , , , , , , , , , , , ,									
c.	Full Name (Last, First, Middle Initial) Mr. Daniel L Wakeman				Date of	f Re	ceipt					
	Mailing Address 5901 Monclova Road				м м 05	/	D D	/ Y)14	Y	
	City	State	Zip Code		Trans	act	ion ID :	2177091 [.]	1			
	Maumee	OH	43537-1841		Amoun	t of	Each R	eceipt thi	s F	eriod		
	FEC ID number of contributing federal political committee.	С								750	.00	
	Name of Employer	Occupation										
	ProMedica St. Luke's Hospital	President										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		1000.00									
			77									
s	UBTOTAL of Receipts This Page (optional)		•				7	5		2450	00]

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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$\overline{)}$	NAME OF COMMITTEE (In Full)											-		
$\Big\rangle$	American Hospital Association F	PAC												
Α.	Full Name (Last, First, Middle Initial) Mr. Raymond M Chorey				Date of Receipt									
	Mailing Address P O Box 610					05 14 Y Y Y Y Y 06 14								
	City State Zip Code						Transaction ID : 21770912							
	Cambridge	OH	43725-0610	_	Amount	of	Each Re	eceipt thi	is Pe	eriod				
	FEC ID number of contributing federal political committee.	С					7			250.0	00			
	Name of Employer	Occupation												
	Southeastern Ohio Regional Medical Cen	President a	nd Chief Executive Officer											
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General Other (specify) ▼		500.00											
в.	Full Name (Last, First, Middle Initial) Mr. Michael Szubski				Date of	Re	ceipt							
	Mailing Address 2375 Springside Oval					05 14 2014								
	City	State	Zip Code					21770913						
	Brecksville	OH	44141-3358	_	Amount	of	Each Re	eceipt thi	is Pe	eriod				
	FEC ID number of contributing federal political committee.	С					7	7	1	1250.0	00			
	Name of Employer	Occupation												
	University Hospitals	Chief Finan	cial Officer											
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General		1250.00											
	Other (specify)		1 1200.00											
с.	Full Name (Last, First, Middle Initial) Dr Shankar Kurra				Date of	Re	ceipt							
	Mailing Address 60 S. Drexel Ave					05 14 2014								
	City	State OH	Zip Code		Trans	acti	on ID : 2	2177091	5					
	Columbus	Оп	43209-1753	_	Amount	of	Each Re	eceipt thi	is Pe	eriod				
	FEC ID number of contributing federal political committee.	С			500.00									
	Name of Employer	Occupation												
	Fisher-Titus Medical Center													
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		500.00											
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full) American Hospital Association P	AC	
Full Name (Last, First, Middle Initial) A. Dr. Delos Cosgrove MD Mailing Address 9500 Euclid City Cleveland FEC ID number of contributing federal political committee. Name of Employer Cleveland Clinic Receipt For: Primary General Other (specify) ▼	State Zip Code OH 44195-0001 C C Occupation C President and Chief Executive Officer Aggregate Year-to-Date ▼ 1250.00	Date of Receipt
Full Name (Last, First, Middle Initial) Mr. Fred M DeGrandis Mailing Address 18101 Lorain Avenue City Cleveland FEC ID number of contributing federal political committee. Name of Employer Cleveland Clinic Health Network Receipt For: Primary General Other (specify) ▼	State Zip Code OH 44111-5612 C C Occupation President Aggregate Year-to-Date ▼ 750.00	Date of Receipt
Full Name (Last, First, Middle Initial) Dr. Robert S. Juhasz DO Mailing Address 7090 Pinehill Rd City Concord Twp FEC ID number of contributing federal political committee. Name of Employer South Pointe Hospital Receipt For: Primary General Other (specify) ▼	State OH Zip Code 44077-9720 C C Occupation President C Aggregate Year-to-Date ▼ 250.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	•	2250.00

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X 11a 11b 12 11c 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Α. Dr. Neil Smith DO Date of Receipt Mailing Address 19000 Schlather Ln M M / 05 2014 14 City Zip Code State Transaction ID: 21770929 OH Rocky River 44116-2859 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Name of Employer Occupation Fairview Hospital President Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Mary L. Gallagher Date of Receipt Mailing Address 155 East Broad Street, M M 15th Floor 14 05 2014 City State Zip Code Transaction ID: 21770937 OH Columbus 43215-3609 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Name of Employer Occupation **Ohio Hospital Association** Vice President & General Counsel Receipt For: Aggregate Year-to-Date ▼ Primarv General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. Greg Sanders Date of Receipt Mailing Address 6131 Willow Lake Drive M = M 2014 05 14 City Zip Code State Transaction ID: 21770959 OH Hudson 44236-3953 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Lake Health Executive Director, Lake Health Founda Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Moreland Hills OI FEC ID number of contributing federal political committee. C Name of Employer Occur Cleveland Clinic Health System Pres	ate Zip Code H 44022-2402 upation ident, Cleveland Clinic Regional H regate Year-to-Date ▼ 500.00	Date of Receipt
Chagrin Falls Of FEC ID number of contributing federal political committee. C Name of Employer Cleveland Clinic Occur Presi	ate Zip Code H 44022-2519 upation ident, Community Hospitals regate Year-to-Date ▼ 500.00	Date of Receipt
Cleveland O FEC ID number of contributing federal political committee. C Name of Employer Occur Cleveland Clinic Health System Chie	ate Zip Code H 44195-0001 upation of Financial Officer regate Year-to-Date ▼ 250.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	•	1250.00

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\square	NAME OF COMMITTEE (In Full)										
$\langle \rangle$	American Hospital Association	PAC									
Α.	Full Name (Last, First, Middle Initial) Ms. Katherine Hancock RN, BSN, N				Date o	of Red	ceipt				
	Mailing Address 9500 Euclid Ave - NA4				05	/	14) / Y		014	Y
	City Cleveland	State OH	Zip Code 44195-0001	-				217709		Dariad	
	FEC ID number of contributing federal political committee.	С			Amoun			leceipt t	nis F	250.	00
	Name of Employer	Occupation		_			,				
	Cleveland Clinic	Executive 0	Chief Nursing Officer								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.00								
В.	Full Name (Last, First, Middle Initial) Mr. Michael P Harrington				Date o	of Red	ceipt				
	Mailing Address 32444 Legacy Pointe Pkwy				05	/	14	/ Y)14	Y
	City	State	Zip Code		Trans	sactio	on ID :	2177097			
	Avon Lake	OH	44012-2288		Amoun	nt of E	Each R	leceipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С					,		_	250.	00
	Name of Employer Cleveland Clinic	Occupation Chief Accou	unting Officer & Controller								
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) ▼		, 250.00								
	Full Name (Last, First, Middle Initial) Mr J Michael Henderson MD				Date o	of Rec	ceint				
•••	Mailing Address 34055 Old Kinsman Rd				05		14	/ Y) 014	Y
	City Chagrin Falls	State OH	Zip Code 44022-6669					217709 leceipt ti		Period	_
	FEC ID number of contributing federal political committee.	С					9			250.	00
	Name of Employer	Occupation	1								
	Cleveland Clinic Health System	Chief Quali	ty Officer								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.00								
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$\left \right $	NAME OF COMMITTEE (In Full)											
	American Hospital Association	PAC										
Α.	Full Name (Last, First, Middle Initial) Ms. Ann M. Huston				Date o	of Re	eceipt					
	Mailing Address 32800 Fairmont Blvd				M N) / Y	Y	Y	Y	
					05		14			014		
	City	State	Zip Code		Tran	sact	tion ID :	2177097	'4			
	Pepper Pike	OH	44124-4838		Amour	nt of	Each F	Receipt th	is P	'eriod		
	FEC ID number of contributing federal political committee.	С							_	250.	00]
	Name of Employer	Occupation	1									
	Cleveland Clinic Health System	Chief Strate	egy Officer									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		250.00	11.								
	Other (specify)		250.00	4								
	Full Name (Last, First, Middle Initial) Mr. William M Peacock CEC, USN				Date o	of B	acaint					
υ.	Mailing Address 27847 Berringer Run				05		14		Р 2(014	Y	
	City	State	Zip Code			sact		2177098		,14		
	Westlake	OH	44145-3061					Receipt th		Period		
	FEC ID number of contributing federal political committee.	С					y		_	250.0	00]
	Name of Employer Cleveland Clinic Health System	Occupation	n ating Officer									
	Receipt For:		0									
	Primary General	Aggregale	Year-to-Date ▼	- L.								
	Other (specify)		, 250.00									
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. Robert Wyllie				Date o	of R	eceipt					
	Mailing Address 14691 Shire Ct.				05	1	14) 014	Y	
	City	State	Zip Code			sac		2177098				
	Novelty	OH	44072-9693		Amour	nt of	Each F	Receipt th	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С					7		_	250.	00]
	Name of Employer	Occupation	1									
	Cleveland Clinic Health System	Chief Medi	cal Operations Officer									
	Receipt For:		Year-to-Date ▼									
	Primary General											
	Other (specify)	L	250.00									
s	UBTOTAL of Receipts This Page (optional)			'						750.0	00	1

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or	ny information copied from such Reports and for commercial purposes, other than using the	ne name and a	ddress of any political committe	e to s	olicit	ne cor	ntrib	pose of outions fr	rom suc	j coi h co	mmitt	ee.	
	NAME OF COMMITTEE (In Full)												
	American Hospital Association	PAC											
Α.	Full Name (Last, First, Middle Initial) Mr. Todd Anderson				Date	of	Be	eceipt					
	Mailing Address 3965 Southern Boulevard					M			/ 7	Y	Y	Y	
					0		ĺ	14			014		
	City	State	Zip Code		Tra	ans	act	ion ID : :	2177098	35			
	Dayton	OH	45429-1229		Amo	unt	of	Each R	eceipt th	nis P	'eriod		
	FEC ID number of contributing federal political committee.	С						, .		_	500	.00	
	Name of Employer	Occupation	1										
	Grandview Medical Center	Chief Finar	cial Officer										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General		500.00	11.									
	Other (specify)		1 1 1										
в.	Full Name (Last, First, Middle Initial) Mr. Walter Sackett				Date	e of	Re	eceipt					
	Mailing Address 8510 Broadstone Court				M	_ 5	1	D D D	/ Y)14	Y	
	City	State	Zip Code		Tra	ins	acti	ion ID : 2	2177098	6			
	Centerville	OH	45458-3270		Amo	unt	of	Each R	eceipt th	nis P	'eriod		
	FEC ID number of contributing federal political committee.	С						7	3	_	500.	00]
	Name of Employer	Occupation	I										
	Sycamore Medical Center	President											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		500.00										
— С.	Full Name (Last, First, Middle Initial) Mr. Russell Wetherell				Date	e of	Re	eceipt					
	Mailing Address 3965 Southern Boulevard					™ 5	/	D D 14	/ Y) 14	Y	
	City	State	Zip Code		Tra	ans	act	ion ID :	2177098	37			
	Dayton	OH	45429-1229		Amo	unt	of	Each R	eceipt th	nis P	'eriod		
	FEC ID number of contributing federal political committee.	С						,		_	500	.00	
	Name of Employer	Occupation	1										
	Kettering Health Network	Chief Finar	icial Officer										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General		500.00										
	Other (specify)		300.00										
	UBTOTAL of Receipts This Page (optional)	1			Γ					-	1500.	00	1
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) American Hospital Association	PAC		
Full Name (Last, First, Middle Initial) A. Mr. Bruce James Mailing Address 659 Boulevard City Dover FEC ID number of contributing federal political committee. Name of Employer Union Hospital Receipt For: Brimary Concret		Zip Code 44622-2026 utive Officer Year-to-Date ▼	Date of Receipt 05 / 14 2014 Transaction ID : 21770990 Amount of Each Receipt this Period 500.00
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) B. <u>Mr. Matthew L Anderson JD</u> Mailing Address 2550 University Avenue W.			Date of Receipt 05 12 2014
City Saint Paul	State MN	Zip Code 55114-1052	Transaction ID : 21771046 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		276.90
Name of Employer Minnesota Hospital Association	Occupatior Vice Presid	n lent, Regulatory/Strategic A	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 276.90	
Full Name (Last, First, Middle Initial) C. Ms. Mary B Maertens FACHE	1		Date of Receipt
Mailing Address 300 South Bruce Street			05 12 _2014 _
City Marshall	State MN	Zip Code 56258-3901	Transaction ID : 21771058
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer	Occupation President a	and Chief Executive Officer	_
Avera Marshall Regional Medical Center Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		•••••	901.90

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	NAME OF COMMITTEE (In Full) American Hospital Association	PAC												
Α.	Full Name (Last, First, Middle Initial) Mr. Lawrence J Massa Mailing Address 2550 University Avenue West	t, Suite		Date of Receipt										
	City Saint Paul	State MN	Zip Code 55114-1907		Transaction ID : 21771059 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С						3	-		_	654	.17	
	Name of Employer Minnesota Hospital Association Receipt For: Primary General Other (specify)	Occupation President Aggregate	Year-to-Date ▼ 654.17]										
В.	Full Name (Last, First, Middle Initial) Mr. Daniel Odegaard				Date	e of	Re	eceip						
	Mailing Address P O Box 258	State	Zip Code)5			12	_ L		014	Y	
	Bigfork	MN	56628-0258							217710 Receipt		Period		
	FEC ID number of contributing federal political committee.	С				Juin	. 01	1	_	,		75.	00	
	Name of Employer Bigfork Valley Hospital	Occupation Chief Execu	tive Officer											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]										
<u></u> с.	Full Name (Last, First, Middle Initial) Mr. Ben Peltier				Date	e of	Re	eceip	t					
	Mailing Address 2550 University Avenue W. Suite 350-S City	State	Zip Code		()5	/		12	JL	2	014	Y	
	Saint Paul	MN	55114-1907							217710 Receipt		Period		
	FEC ID number of contributing federal political committee.	С						,	-	. ,	_	230	.82	
	Name of Employer	Occupation												
	Minnesota Hospital Association	Vice Presid	ent, Legal Services											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.82	1										
s	UBTOTAL of Receipts This Page (optional)			<u> </u>	Γ			-	Ē	1 1		959.	99	

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) American Hospital Association PA	AC	
MedStar Montgomery Medical Center	State Zip Code MD 20853-1855 C C Decupation C President Aggregate Year-to-Date ▼ 255.00	Date of Receipt 05 16 2014 Transaction ID : 21771070 Amount of Each Receipt this Period 255.00
New Hampshire Hospital Association	State Zip Code NH 03301-7300 C Occupation Description Occupation President and CEO Aggregate Year-to-Date ▼ 455.00	Date of Receipt 05 19 2014 Transaction ID : 21771071 Amount of Each Receipt this Period 45.50
Kennedy Health System	State Zip Code NJ 08057-2617 C Doccupation DMO Aggregate Year-to-Date ▼ 227.50	Date of Receipt 05 16 2014 Transaction ID : 21771198 Amount of Each Receipt this Period 227.50
SUBTOTAL of Receipts This Page (optional)	▶	528.00

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	y information copied from such Reports and St for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full)												
\sum	American Hospital Association F	PAC											
Α.	Full Name (Last, First, Middle Initial) Mr. John Slotman					Date of	f Re	ceipt					
	Mailing Address 760 Alexander Road					м м 05	/	D D D	/ Y	Y 20	ү 014	Y	
	City	State	Zip Code			Trans	acti	on ID : :	2177123				
	Princeton	NJ	08540-6305			Amount	t of	Each R	eceipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С						7	7	_	6	50	
	Name of Employer	Occupation			_								
	New Jersey Hospital Association	VP, GME a	nd Teaching Hospi	tal Issues									
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General	7.99.094.0			11.								
	Other (specify)	L	7 7	226.20									
в.	Full Name (Last, First, Middle Initial) Mr. Edward Sullivan ESQ					Date of	f Re	ceipt					
	Mailing Address 2157 Whitman Court					м м 05	/	16	/ Y	20)14	Y	
	City	State	Zip Code				acti		2177123		_		
	Cinnaminson	NJ	08077-3334						eceipt th		eriod		
	FEC ID number of contributing federal political committee.	С						7	- 7	_	650.	00	
	Name of Employer	Occupation											
	Kennedy Health System	Senior VP,	Counsel										
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Primary General Other (specify) ▼		<u>, , , , , , , , , , , , , , , , , , , </u>	650.00	1								
с.	Full Name (Last, First, Middle Initial) Mr. Steven G Littleson FACHE					Date of	f Re	ceipt					
	Mailing Address 55 Fairhaven Road					м м 05	/	23	/ Y)14	Y	
	City	State	Zip Code			Trans	acti	ion ID :	2177124		_		
	Fair Haven	NJ	07704-3305			Amount	t of	Each R	eceipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С						7		_	1300	.00	
	Name of Employer	Occupation			_								
	Meridian Health	President											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		7 7	1300.00									
s	UBTOTAL of Receipts This Page (optional)				•			,		_	1956.	50	

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
				e to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) American Hospital Association	PAC									
Α.	Full Name (Last, First, Middle Initial) Ms. Patricia Ostaszewski MS, CRRN	Ι,		Date of Receipt							
	Mailing Address 54 Bay Way			05 23 2014							
	City Brick	State NJ	Zip Code 08723-7361	Transaction ID : 21771244 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		650.00							
	Name of Employer HEALTHSOUTH Rehabilitation Hospital of	Occupation Chief Exect	utive Officer								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00]							
В.	Full Name (Last, First, Middle Initial) Mr. Ronald C Rak JD			Date of Receipt							
	Mailing Address 34 Federal City Road			05 23 2014							
	City Ewing	State NJ	Zip Code 08638-1321	Transaction ID : 21771245							
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 975.00							
	Name of Employer Saint Peter's University Hospital	Occupation Chief Execu									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 975.00]							
с.	Full Name (Last, First, Middle Initial) Mr. Steven P Roach MBA, FACH	IE		Date of Receipt							
	Mailing Address 200 Groton Road			05 16 / Y Y Y Y 2014							
	City Ayer	State MA	Zip Code 01432-3300	Transaction ID : 21771254 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		562.50							
	Name of Employer	Occupation	1								
	UMass Memorial-Marlborough Hospital	President a	Ind CEO								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 562.50	1							
s	UBTOTAL of Receipts This Page (optional)			2187.50							

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association	n PAC		
Α.	Full Name (Last, First, Middle Initial) Dr. Peter L Slavin MD Mailing Address 55 Fruit Street			Date of Receipt
	City	State	Zip Code	05 16 2014 Transaction ID : 21771255
	Boston	MA	02114-2622	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1125.00
	Name of Employer	Occupation	l	
	Massachusetts General Hospital	President		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1125.00	
В.	Full Name (Last, First, Middle Initial) Mr. Keith A Hovan			Date of Receipt
	Mailing Address 316 Marys Pond Rd	<u></u>		05 16 Y Y Y Y Y 2014
	City	State	Zip Code	Transaction ID : 21771256
	Rochester	MA	02770-4012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		750.00
	Name of Employer	Occupation	l	
	Southcoast Hospitals Group	President a	nd Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00	
с.	Full Name (Last, First, Middle Initial) Ms. Joanne Marqusee			Date of Receipt
	Mailing Address 585 Lebanon Street			05 16 / Y Y Y Y Y 05 16 2014
	City	State	Zip Code	Transaction ID : 21771257
	Melrose	MA	02176-3225	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		562.50
	Name of Employer	Occupation	l	
	Hallmark Health System	Executive \	/ice President & COO	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		562.50	
s	UBTOTAL of Receipts This Page (optional).			2437.50

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stat or for commercial purposes, other than using the na		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PA	AC	
Martha's Vineyard Hospital	State Zip Code MA 02557-1477 C Occupation Chief Executive Officer Aggregate Year-to-Date ▼ 562.50	Date of Receipt
New England Baptist Hospital	State Zip Code MA 02120-2847 C Occupation Occupation Chief Financial Officer Aggregate Year-to-Date ▼ 262.50	Date of Receipt 05 16 2014 Transaction ID : 21771263 Amount of Each Receipt this Period 262.50
Spaulding Rehabilitation Hospital	State Zip Code MA 02129 C Occupation Vice President of Quality, Compliance Aggregate Year-to-Date ▼ 262.50	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	•	1087.50

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) American Hospital Association	PAC		
Full Name (Last, First, Middle Initial) A. Dr. Edward J Benz Jr MD Mailing Address 44 Binney Street City Boston FEC ID number of contributing federal political committee. Name of Employer Dana-Farber Cancer Institute Receipt For: Primary General Other (specify) ▼	1	Zip Code 02115-6013 nd Chief Executive Officer Year-to-Date ▼ 562.50	Date of Receipt
Full Name (Last, First, Middle Initial) Mr. Kim Norton Hollon Mailing Address 680 Centre Street City Brockton FEC ID number of contributing federal political committee. Name of Employer Signature Healthcare Brockton Hospital Receipt For: Primary General Other (specify) ▼	State MA C Occupation Chief Exect Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial) Mr. Eric Stastny Mailing Address 67 Scott Rd City Belmont FEC ID number of contributing federal political committee. Name of Employer Emerson Hospital Receipt For: Primary General Other (specify) ▼		Zip Code 02478-3343 lent, Human Resources Year-to-Date ▼ 262.50	Date of Receipt 05 16 2014 Transaction ID : 21771273 Amount of Each Receipt this Period 262.50
SUBTOTAL of Receipts This Page (optional)			1387.50

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X 11a 11b 12 11c 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms Joyce Welsh Α. Date of Receipt Mailing Address 25 Lealand Peck Dr M M / 05 2014 16 City Zip Code State Transaction ID: 21771274 Wrentham MA 02093-1441 Amount of Each Receipt this Period FEC ID number of contributing С 262.50 federal political committee. Name of Employer Occupation **Emerson Hospital** Associate Chief Nursing Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Ron Bryant Date of Receipt Mailing Address 115 West Silver Street M M 05 16 2014 City State Zip Code Transaction ID: 21771276 Westfield MA 01085-3628 Amount of Each Receipt this Period FEC ID number of contributing С 750.00 federal political committee. Name of Employer Occupation Noble Hospital President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primarv General 750.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Mark L Goldstein Date of Receipt Mailing Address 25 Highland Avenue M = M / D 2014 05 16 City Zip Code State Transaction ID: 21771278 MA Newburyport 01950-3867 Amount of Each Receipt this Period FEC ID number of contributing 262.50 С federal political committee. Name of Employer Occupation Chief Financial Officer Anna Jaques Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) 1275.00 SUBTOTAL of Receipts This Page (optional).....

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Statements may not be sold or used by any pene name and address of any political committee	
NAME OF COMMITTEE (In Full) American Hospital Association	PAC	
Full Name (Last, First, Middle Initial) Ms. Cynthia Ring Mailing Address 60 Hospital Road City Leominster FEC ID number of contributing federal political committee. Name of Employer Health Alliance Hospitals Receipt For: Primary General Other (specify) ▼	State Zip Code MA 01453-2205 C Occupation Vice President Human Resources Aggregate Year-to-Date ▼ 262.50	Date of Receipt
Full Name (Last, First, Middle Initial) B. Mr. Charles Gijanto Mailing Address 164 High Street City Greenfield FEC ID number of contributing federal political committee. Name of Employer Baystate Mary Lane Hospital Receipt For: Primary General Other (specify) ▼	State Zip Code MA 01301-2613 C Occupation President Aggregate Year-to-Date ▼ 262.50	Date of Receipt 05 / 16 / 2014 Transaction ID : 21771283 Amount of Each Receipt this Period 262.50
Full Name (Last, First, Middle Initial) Mr Jay Johnson Mailing Address 1202 North Muskogee Place City Claremore FEC ID number of contributing federal political committee. Name of Employer Hillcrest Hospital Claremore Receipt For: Primary General Other (specify) ▼	State Zip Code OK 74017-3058 C Occupation Chief Operating Officer Aggregate Year-to-Date ▼ 500.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	·	1025.00

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$\left \right\rangle$	NAME OF COMMITTEE (In Full)											
	American Hospital Association	PAC										
Α.	Full Name (Last, First, Middle Initial) Mr. James D Moore FACHE				Date o	f Re	eceipt					
	Mailing Address 1201 Health Center Parkway				м м 05	1	D 19		/ Y	20 ⁻	Y 14	Y
	City	State	Zip Code		Trans	sact	ion ID		77155			
	Yukon	OK	73099-6381		Amoun	t of	Each	Rece	eipt thi	is Pe	əriod	
	FEC ID number of contributing federal political committee.	С					7		7	_	500.	00
	Name of Employer	Occupation	1									
	Integris Southwest Medical Center	President										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	00 0		11.								
	Other (specify)		500.00									
В.	Full Name (Last, First, Middle Initial) Ms Elizabeth Aderholt				Date o	f Re	eceipt					
	Mailing Address 8077 Hawkcrest Drive				м м 05	/	D 1	D 5	/ Y	201	14	Y
	City	State	Zip Code		Trans	act	ion ID	: 217	71550			
	Grand Blanc	MI	48439-2422		Amoun	t of	Each	Rece	eipt th	is Pe	əriod	
	FEC ID number of contributing federal political committee.	С					7		7	_	525.	00
	Name of Employer	Occupation	l	_								
	Genesys Health System	President										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		525.00									
— c.	Full Name (Last, First, Middle Initial) Mr. Mark Brett				Date o	f Re	eceipt					
	Mailing Address 339 Kensington Road				м м 05		D	5	/ Y	201	Y 14	Y
	City	State	Zip Code			sact	ion ID		77156		_	
	East Lansing	MI	48823-4046		Amoun	t of	Each	Rece	eipt thi	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С					7		7	Ξ	262.	50
	Name of Employer	Occupation	1									
	Sparrow Hospital	Senior Vice										
	Receipt For:	Aggregate	Year-to-Date ▼	_								
	Primary General	riggiogato		11.								
	Other (specify)	L	262.50									
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Any information copied from such Reports a or for commercial purposes, other than usin	nd Statements mag the name and a	I ay not be sold or used by any p ddress of any political committed	erson e to s	for the	purpos purpos	se of	15 f soliciting from such	16 contribut n committ	tions ee.
NAME OF COMMITTEE (In Full) American Hospital Associati	on PAC								
Full Name (Last, First, Middle Initial) A. Mr. Edward Bruff Mailing Address 1447 North Harrison Street City Saginaw	eet State MI	Zip Code 48602-4727			saction	15 1 D :			Ŷ
FEC ID number of contributing federal political committee.	С							525	.00
Name of Employer Covenant Medical Center Receipt For: Primary General Other (specify)		/ice President and Chief Ope Year-to-Date ▼ 525.00]						
B. Full Name (Last, First, Middle Initial) Mr. Robert F Casalou Mailing Address 26462 Glenwood Dr.			_	Date o	f Recei	ipt D I I 15	D / Y	y y 2014	Ŷ
City Novi FEC ID number of contributing federal political committee.	State MI	Zip Code 48374-1233		Trans		ID :	21771564 Receipt th	4	.00
Name of Employer St. Joseph Mercy Livingston Hospital Receipt For:		nd Chief Executive Officer Year-to-Date ▼					,		
Other (specify)		700.00]						
Full Name (Last, First, Middle Initial) C. Dr. Michael Geheb MD Mailing Address 645 Lone Pine Rd			_	Date o		ipt 15		2014	Y
City Bloomfield Hills	State MI	Zip Code 48304-3331	_				: 2177157 Receipt th		
FEC ID number of contributing federal political committee.	C							262	.50
Name of Employer Oakwood Hospital & Medical Center-Dear Receipt For: Primary General Other (specify)	Occupation Division Pro Aggregate]						
SUBTOTAL of Receipts This Page (optiona	al)		•		· · ·			1487.	50

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			Detailed Summary Page		11a		11b	11c		12	
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	/ information copied from such Reports and for commercial purposes, other than using										
	NAME OF COMMITTEE (In Full)										
	American Hospital Associatio	n PAC									
-	Full Name (Last, First, Middle Initial)										
-	Mr. Mark E Gronda				Date o	f Re	eceipt				
I	Mailing Address 1447 North Harrison Street				M M	/	D 16			Y 1	Y
-	City	State	Zip Code		05 Trans	sact	1t ion ID	, :217715)14	
	Saginaw	MI	48602-4727				-	Receipt t	-	eriod	
-	FEC ID number of contributing			_	/ inio uni		Luon	neeeipt	1110 1	chica	_
	federal political committee.	C			L.,		7	7		350.	00
ļ	Name of Employer	Occupation									
ł	Covenant Medical Center	Vice Presid	ent and Chief Financial Off								
ļ	Receipt For:	Aggregate	Year-to-Date V								
	Primary General		250.00	11							
	Other (specify)		350.00	1							
	Full Name (Last, First, Middle Initial) Dr. Loren Hamel MD				Date o	f Da	opint				
-							· ·				
	Mailing Address 1234 Napier Avenue				05		D 1{			14	Y
-	City	State	Zip Code			act		, :217715			
	Saint Joseph	МІ	49085-2112					Receipt t		eriod	
-	FEC ID number of contributing										_
	federal political committee.	С					7	7		525.	00
7	Name of Employer	Occupation	1	_							
I	Lakeland Specialty Hospital-Berrien Ce	President a	nd Chief Executive Officer								
Ī	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			11.							
	Other (specify)		525.00	1							
	Full Name (Last, First, Middle Initial)				Data a	4					
	Mr. John Hayden Mailing Address 601 John St Box 19			_	Date o	_	· ·				
1	Maining Address 601 John St Box 19				05	/	D 1:) 14	Y
1	City	State	Zip Code		Trans	sact	ion ID	: 217715	81		
	Kalamazoo	MI	49007-5341		Amoun	t of	Each	Receipt 1	his P	eriod	
	FEC ID number of contributing federal political committee.	С					7			262	.50
Ĩ	Name of Employer	Occupation									
	Bronson Healthcare Group, Inc.	Vice Presid	ent and Chief Human Resourc								
	Receipt For:	Agareaate	Year-to-Date ▼								
	Primary General	- <u>-</u>									
	Other (specify)		262.50								
			7 7 7								

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FEC Schedule A (Form 3X) Rev. 02/2003

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	y information copied from such Reports and Si for commercial purposes, other than using the										
\backslash	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	American Hospital Association F	PAC									
Α.	Full Name (Last, First, Middle Initial) Dr. John Kosanovich MD				Date o	f Re	eceipt				
	Mailing Address 25 E. Hannum Blvd.				MM	/	DD	/ Y		Y	Y
	City	State	Zip Code		05 Trans	act	15 ion ID • 1	2177158		014	
	Saginaw	MI	48602-1937					eceipt thi		Period	
	FEC ID number of contributing federal political committee.	С					1	1		350.0	00
	Name of Employer	Occupation	1								
	Covenant Medical Center	Vice Presid	ent Covenant Healthcare and								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	33 - 3		11.							
	Other (specify)	L	350.00								
в.	Full Name (Last, First, Middle Initial) Mr. David Leonard				Date o	f Re	eceipt				
	Mailing Address 6383 Redington Drive SE				05	/	15	/ Y)14	Y
	City	State	Zip Code			act		21771588		.14	
	Ada	MI	49301-9021					eceipt th		'eriod	
	FEC ID number of contributing federal political committee.	С					7		_	262.5	50
	Name of Employer	Occupation	l								
	Spectrum Health	Chief Legal	Officer								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 262.50]							
<u>с</u>	Full Name (Last, First, Middle Initial) Mr. Spencer Maidlow				Date o	f Re	eceint				
0.	Mailing Address 1447 North Harrison Street				M M		D D	/ Y		Y	Y
	City	State	Zip Code		05 Trong		15	2177150		014	
	Saginaw	MI	48602-4727					2177159 eceipt thi		'eriod	
	FEC ID number of contributing federal political committee.	С					3	- 7	_	525.	00
	Name of Employer	Occupation	1								
	Covenant Medical Center	President a	nd Chief Executive Officer								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		EDE 00	1							
	Other (specify)		525.00								
s	UBTOTAL of Receipts This Page (optional)									1137.5	50

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association	n PAC		
Α.	Full Name (Last, First, Middle Initial) Ms Jean Meyer Mailing Address 18273 Woodbury Court			Date of Receipt
	City Northville	State MI	Zip Code 48168-8844	Transaction ID : 21771596 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		350.00
	Name of Employer Providence Park Hospital Receipt For:	Occupation President		
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00]
В.	Full Name (Last, First, Middle Initial) Mr. Donald J Rush			Date of Receipt
	Mailing Address 1915 East Rezanof Drive			05 27 YYYY 05 27 2014
	City Kodiak	State AK	Zip Code 99615-6602	Transaction ID : 21771604
	FEC ID number of contributing federal political committee.	C	99015-0002	Amount of Each Receipt this Period
	Name of Employer Providence Kodiak Island Medical Cente	Occupation Chief Exect		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
с.	Full Name (Last, First, Middle Initial) Mr. Bassam Nasr			Date of Receipt
	Mailing Address 1221 Pine Grove Avenue			M = M / D = D / Y = Y = Y Y 05 15 2014
	City Port Huron	State MI	Zip Code 48060-3511	Transaction ID : 21771607 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		350.00
	Name of Employer	Occupation		
	Port Huron Hospital Receipt For:	Chief Medi		_
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00]
s	UBTOTAL of Receipts This Page (optional).			1200.00

TOTAL This Period (last page this line number only)......

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Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12 16	17
Any information copied from such Reports and S or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full) American Hospital Association	PAC								
A. Full Name (Last, First, Middle Initial) Dr. Diane Postler-Slattery PhD Mailing Address 410 Sherwood Lane City Midland FEC ID number of contributing	State MI	Zip Code 48642			/ acti	15 Ion ID	: 2177162	his Period	y J D.00
federal political committee. Name of Employer MidMichigan Health Receipt For: Primary General Other (specify) ▼	Occupation President a	nd Chief Executive Officer Year-to-Date ▼ 350.00				g1			
Full Name (Last, First, Middle Initial) Ms. Paula Reichle Mailing Address 919 Hagadorn Road City Mason FEC ID number of contributing federal political committee. Name of Employer Sparrow Health System Receipt For: Primary General Other (specify) ▼		Zip Code 48854-9336 President and Chief Financ Year-to-Date ▼ 262.50			/ acti	15 on ID	2177163	his Perioo	Y 1 2.50
Full Name (Last, First, Middle Initial) Ms. Sue Reinoehl Mailing Address 8804 Weeping Pine Ln City Kalamazoo FEC ID number of contributing federal political committee. Name of Employer Bronson Healthcare Group, Inc. Receipt For: Primary General Other (specify) ▼	State MI C Occupation Vice Presid Aggregate				/ sacti	ion ID	5 : 217716 :	his Perioc	Y 1 2.50
SUBTOTAL of Receipts This Page (optional)		•				7	7	875	5.00

TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statemer or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Sparrow Hospital Exect Receipt For: Aggr Primary General Other (specify) ▼ Image: Constraint of the specify of the specific of the specif		Date of Receipt
Covenant Medical Center Vice I	te Zip Code 48603-3136 pation President egate Year-to-Date ▼ 245.00	Date of Receipt 05 15 2014 Transaction ID : 21771641 Amount of Each Receipt this Period 245.00
Borgess Medical Center Presi	•	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	······	927.50

TOTAL This Period (last page this line number only)......

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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X 11a 11b 12 11c 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Carol Stoll Α. Date of Receipt Mailing Address 7630 Laurie Lane N. M M / 05 2014 15 City Zip Code State Transaction ID: 21771644 Saginaw MI 48609-4909 Amount of Each Receipt this Period FEC ID number of contributing С 245.00 federal political committee. Name of Employer Occupation Vice President, Chief Nursing Officer **Covenant Medical Center** Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Mr. Kenneth L Taft Date of Receipt Mailing Address 301 John Street M M 05 15 2014 City State Zip Code Transaction ID: 21771653 MI 49007-5295 Kalamazoo Amount of Each Receipt this Period FEC ID number of contributing С 280.00 federal political committee. Name of Employer Occupation Bronson Methodist Hospital **Executive Vice President and Chief Ope** Receipt For: Aggregate Year-to-Date ▼ Primarv General 280.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Tim Wenzel Date of Receipt Mailing Address 555 Northview Drive M = M / D 2014 05 15 City Zip Code State Transaction ID: 21771669 MI Frankenmuth 48734-9304 Amount of Each Receipt this Period FEC ID number of contributing 245.00 С federal political committee. Name of Employer Occupation Director of Human Resources **Covenant Medical Center** Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) 770.00 SUBTOTAL of Receipts This Page (optional).....

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		Detailed Summary Page		< 11a 13	11b	11c	12	17
Any information copied from such Reports a or for commercial purposes, other than using				for the	purpose	of solicitin	ig contribu	utions
NAME OF COMMITTEE (In Full) American Hospital Association	on PAC							
Full Name (Last, First, Middle Initial) A. Ms. Mary Lou Wesley Mailing Address 5301 East Huron River D City Ypsilanti FEC ID number of contributing federal political committee. Name of Employer St. Joseph Mercy Hospital Ann Arbor Receipt For: Primary General Other (specify) ▼	State MI Occupation Chief Nursi			05 Trans	action II	D : 217716 Receipt t	his Perioc	Y 2.50
Full Name (Last, First, Middle Initial) B. Mr. Joseph W Devine Mailing Address 136 Mimosa Drive				Date of		D / 1 02	2014	Y
City Sewell FEC ID number of contributing federal political committee. Name of Employer Kennedy Health System Receipt For: □ Primary □ General Other (specify) ▼		Zip Code 08080-2805 Ind Chief Executive Officer Year-to-Date ▼ 1300.00]			<u>): 217717</u> Receipt t		_
Full Name (Last, First, Middle Initial) Mr. Leslie D Hirsch FACHE Mailing Address 28 MacKenzie Lane North City Denville FEC ID number of contributing federal political committee. Name of Employer Saint Clare's Health System Receipt For: Primary General Other (specify)	State NJ C Occupation President a	Zip Code 07834-2954 and Chief Executive Officer Year-to-Date ▼ 292.50		05 Trans	action II		his Perioc	
SUBTOTAL of Receipts This Page (optiona	I)						1692	2.50

TOTAL This Period (last page this line number only).....

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		Detailed Summary Page		< 11a		11b	11c		12		
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Any information copied from such Reports an or for commercial purposes, other than using											
NAME OF COMMITTEE (In Full)	_										
American Hospital Associatio	on PAC										
Full Name (Last, First, Middle Initial) A. Mr. John Slotman				Date o	f Rec	ceipt					
Mailing Address 760 Alexander Road				м – м 05	/	02) / Y		014	Y	
City	State	Zip Code			sactio		2177171				
Princeton	NJ	08540-6305		Amoun	t of E	Each R	Receipt th	is F	'eriod		
FEC ID number of contributing federal political committee.	С					,	7	_	46.	80	1
Name of Employer	Occupation	1									
New Jersey Hospital Association	VP, GME a	nd Teaching Hospital Issues									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General			11.								
Other (specify)		219.70									
Full Name (Last, First, Middle Initial) B. Dr. Murali Krishna				Date of	f Rec	eipt					
Mailing Address 3300 NW Expressway				м м 05	/	02		20) 14	Y	
City	State	Zip Code		Trans	actio	on ID :	2177172	3			
Oklahoma City	OK	73112-4418		Amoun	t of E	Each R	Receipt th	is F	'eriod		
FEC ID number of contributing federal political committee.	С					,		_	500.	00]
Name of Employer Integris Baptist Medical Center	Occupation President Ir	ntegris Mental Health									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
Full Name (Last, First, Middle Initial) C. Ms. Tammy Powell				Date o	f Rec	ceipt					
Mailing Address P O Box 205				м м 05		02) 014	Y	
City	State	Zip Code		Trans	sactio		2177172				
Oklahoma City	OK	73101-0205					Receipt th		'eriod		_
FEC ID number of contributing federal political committee.	С					,			500	.00]
Name of Employer	Occupation	1									
St. Anthony Hospital	President										
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General	, iggi oguto		11.								
Other (specify)		500.00									
SUBTOTAL of Receipts This Page (optional))		•						1046.	80	1

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Associatic	n PAC		
A. Mr. Jaime Pla Mailing Address Villa Nevarez Professiona	l Center, State	Zip Code	Date of Receipt
San Juan FEC ID number of contributing federal political committee.	PR	00927	Transaction ID : 21771778 Amount of Each Receipt this Period 500.00
Name of Employer Puerto Rico Hospital Association Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate	Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) B. Mr. Denis S Conroy Mailing Address 85 Herrick Street	01-14	7. 0.1	Date of Receipt
City Beverly FEC ID number of contributing federal political committee. Name of Employer Beverly Hospital	State MA C Occupation President	Zip Code 01915-4032	Transaction ID : 21771992 Amount of Each Receipt this Period 375.00
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 375.00]
C. Full Name (Last, First, Middle Initial) Mailing Address 93 Mirick Road	State	Zip Code	Date of Receipt
Princeton FEC ID number of contributing federal political committee.	MA	01541-1111	Transaction ID : 21771994 Amount of Each Receipt this Period 562.50
Name of Employer UMass Memorial Health Care, Inc. Receipt For: Primary General Other (specify) ▼		nd Chief Executive Officer Year-to-Date ▼ 562.50]
SUBTOTAL of Receipts This Page (optional)		1437.50

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Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Hospital Association	PAC		
Full Name (Last, First, Middle Initial) Dr. Richard Iseke MD Mailing Address 41 Highland Avenue City Winchester FEC ID number of contributing federal political committee. Name of Employer Winchester Hospital Receipt For: Primary General Other (specify) ▼		Zip Code 01890-1446 lent Medical Affairs Year-to-Date ▼ 375.00	Date of Receipt 05 23 2014 Transaction ID : 21772039 Amount of Each Receipt this Period 375.00
Full Name (Last, First, Middle Initial) Mrs. Patricia Samra RN, MS Mailing Address 759 Chestnut St City Springfield FEC ID number of contributing federal political committee. Name of Employer Baystate Medical Center Receipt For: Primary General Other (specify) ▼		Zip Code 01199-1001 inical Workforce Planning Year-to-Date ▼ 262.50	Date of Receipt 05 23 2014 Transaction ID : 21772042 Amount of Each Receipt this Period 262.50
Full Name (Last, First, Middle Initial) Dr. Peter H Short MD Mailing Address 85 Herrick Street City Beverly FEC ID number of contributing federal political committee. Name of Employer Beverly Hospital Receipt For: Primary General Other (specify) ▼		Zip Code 01915-4032 President Medical Affairs Year-to-Date ▼ 375.00	Date of Receipt 05 / 23 / 2014 Transaction ID : 21772043 Amount of Each Receipt this Period 375.00
SUBTOTAL of Receipts This Page (optional)			1012.50

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	ny information copied from such Reports and for commercial purposes, other than using													
\land	NAME OF COMMITTEE (In Full)													
	American Hospital Associatio	n PAC												
Α.	Full Name (Last, First, Middle Initial) Mrs. Dianne J Anderson MS, RN				Date o	f Re	eceipt							
	Mailing Address 1 General Street				M N	/	/ D	D / Y	Y	Y	Y			
	Mail Stop ST221				05		23	5	2	014				
	City	State	Zip Code	Transaction ID : 21772050 Amount of Each Receipt this Period										
	Lawrence	MA	01841-2961											
	FEC ID number of contributing federal political committee.	С					7	7		750	.00			
	Name of Employer	Occupation												
	Lawrence General Hospital	President a	nd Chief Executive Officer											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General			11										
	Other (specify)		750.00											
в.	Full Name (Last, First, Middle Initial) Mr. Francis M Saba				Date o	of Re	eceipt							
	Mailing Address 14 Prospect Street	spect Street						D / Y	2() 014	Y			
	City	State		Transaction ID : 21772052										
	Milford	MA	01757-3090		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			562.50									
	Name of Employer	Occupation												
	Milford Regional Medical Center	Chief Execu	utive Officer											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		, 562.50	1										
<u>с</u> .	Full Name (Last, First, Middle Initial) Ms. Kathleen Paul				Date o	of Re	eceipt							
	Mailing Address P O Box 900				05	/	22			014	Y			
	City	State	Zip Code		Tran	sact	tion ID	: 217724:	35					
	Seattle	WA	98111-0900		Amoun	t of	Each I	Receipt th	nis F	Period				
	FEC ID number of contributing federal political committee.				7			250	.00					
	Name of Employer	Occupation		—										
	Virginia Mason Medical Center	Vice Presid	ent Communications and Publ											
	Receipt For:	Agareaate	Year-to-Date ▼											
	Primary General													
	Other (specify)		250.00											
Γ					_	-			-	1562.	50			
18	SUBTOTAL of Receipts This Page (optional)		······)		La la	1.0	7		-	1002.	~~			

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	y information copied from such Reports and s for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full)													
$\left \right\rangle$	American Hospital Association	PAC												
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Raymond P Vara Jr				Date	e of	Re	eceipt						
	Mailing Address 55 Merchant Street					M	1) / Y		Y	Y		
	City	State	Zip Code	05 27 2014 Transaction ID : 21772436										
	Honolulu	HI	96813-4306						leceipt th		Period			
	FEC ID number of contributing federal political committee.	С					1	7		_	500	.00		
	Name of Employer	Occupation	1											
	Hawaii Pacific Health	President a	and Chief Executive Officer											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify)		500.00	11										
			1 1	11										
В.	Full Name (Last, First, Middle Initial) Mr. Paul B. Lerg				Date	e of	Re	eceipt						
	Mailing Address P. O. Box 332					M	_	DD	/ Y	Y	Y	Y		
	350 Red Tailed Hawk		05 29 2014											
	City	State	Zip Code	Transaction ID : 21772437										
	Grayling	MI	49738-0332	_	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С						,		_	350	00		
	Name of Employer	Occupation	1											
	Mercy Hospital Grayling	Trustee												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		350.00]										
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. David R Hewett				Date	e of	Re	eceipt						
	Mailing Address 3708 West Brooks Place, Su	ite 1				м)5	1	29) / Y		014	Y		
	City	State	Zip Code		Tr	ans	act	tion ID :	2177244					
	Sioux Falls	SD	57106-4207		Amo	ount	t of	Each R	leceipt th	is F	Period			
	FEC ID number of contributing federal political committee.	С					,		_	500	.00			
	Name of Employer	Occupation	1	\neg										
	South Dakota Association of Healthcare	President &	& Chief Executive Officer											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		500.00	11.										
	Other (specify)		500.00											
					-	_	-	_	_	_	_	_		
s	UBTOTAL of Receipts This Page (optional)			•		_		7		_	1350.	00		

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	ny information copied from such Reports and for commercial purposes, other than using th														
\backslash	NAME OF COMMITTEE (In Full)	_													
$\langle \rangle$	American Hospital Association	PAC													
~	Full Name (Last, First, Middle Initial) Ms. Vickie L Diamond RN, MS				Data a	f Da	agint								
Α.	· · · ·			_	Date o		· ·								
	Mailing Address 1233 East Second Street				м м 05	/	29		2014	Y					
	City	State	Zip Code		Trans	sact	ion ID	: 2177244							
	Casper	WY	82601-2926	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	C													
	Name of Employer	Occupation	 	-											
	Wyoming Medical Center	President a	nd Chief Executive Officer												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General	riggrogato		11.											
	Other (specify)	L	500.00	4											
в.	Full Name (Last, First, Middle Initial) Mr. Douglas A McMillan				Date o	f Re	eceipt								
	Mailing Address 707 Sheridan Avenue				05	/	29		2014	Y					
	City	State	Zip Code		Transaction ID : 21772445										
	Cody	WY	82414-3409		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.				250.0										
	Name of Employer	Occupation	1												
	West Park Hospital	Administrate	or and Chief Executive Offi												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]											
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. Mitchell C Carson	1			Date o	f Re	eceipt								
	Mailing Address P O Box 1659				м м 05	/	27		2014	Y					
	City	State	Zip Code		Trans	sact	ion ID	: 2177244							
	Longmont	CO	80502-1659		Amoun	t of	Each	Receipt th	is Period						
	FEC ID number of contributing federal political committee.				7	7	500	0.00							
	Name of Employer	Occupation		-											
	Longmont United Hospital	President a	nd Chief Executive Officer												
	Receipt For:		Year-to-Date ▼												
	Primary General	, iggi egale													
	Other (specify)		500.00												
	UBTOTAL of Receipts This Page (optional)					-			1250.	.00					
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NAME OF COMMITTEE (In Full) American Hospital Association P	AC	
Full Name (Last, First, Middle Initial) Mr. Kenneth Harman Mailing Address 345 Cleveland Street City Meeker FEC ID number of contributing federal political committee. Name of Employer Pioneers Medical Center Receipt For: Primary General Other (specify) ▼	State Zip Code CO 81641-3238 C Occupation Occupation C Chief Executive Officer Aggregate Year-to-Date ▼ 500.00 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) Mr. Michael J McBride FACHE Mailing Address P O Box 1628 City Grand Junction FEC ID number of contributing federal political committee. Name of Employer St. Mary's Hospital and Regional Medic Receipt For: Primary General Other (specify) ▼	State Zip Code CO 81502-1628 C Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) Mr. Christopher Tolen Mailing Address 7335 East Orchard Road City Greenwood Village FEC ID number of contributing federal political committee. Name of Employer Colorado Hospital Association Receipt For: Primary General Other (specify) ▼	State Zip Code CO 80111-2582 C C Occupation C Vice President Z Aggregate Year-to-Date ▼ 250.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	▶	1250.00

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ITEMIZED RECEIPTS		ch category of the ed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) American Hospital Association F	AC		
Full Name (Last, First, Middle Initial) Mr. Bain J Farris Mailing Address 1835 Franklin Street City Denver FEC ID number of contributing federal political committee. Name of Employer Exempla Saint Joseph Hospital Receipt For: Primary General Other (specify) ▼			Date of Receipt 05 27 2014 Transaction ID : 21772455 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Mr. Ronnie Hyatt Mailing Address One St Francis Drive City Greenville FEC ID number of contributing federal political committee. Name of Employer Bon Secours St. Francis Health System Receipt For: Primary General Other (specify) ▼			Date of Receipt
Full Name (Last, First, Middle Initial) Ms. Liz Keith Mailing Address 2 Deer Spring Lane City Simpsonville FEC ID number of contributing federal political committee. Name of Employer Bon Secours St. Francis Health System Receipt For: Primary General Other (specify) ▼			Date of Receipt
SUBTOTAL of Receipts This Page (optional)			750.00

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	E OF COMMITTEE (In Full)		·····													
	erican Hospital Association	n PAC														
/																
	Name (Last, First, Middle Initial) Mark S Nantz FACHE				Date o	f D/	accipt									
	ng Address One St Francis Drive						D			Y	V					
main					05		23			014	Y					
City		State	Zip Code		Trans	sact	ion ID	: 217724								
Gree	enville	SC	29601-3999		Amoun	t of	Each	Receipt tl	his F	Period						
	ID number of contributing	С		500.00												
feder	al political committee.						7		1							
Name	e of Employer	Occupation														
	Secours St. Francis Health System	Chief Exec	utive Officer													
Rece	ipt For: Primary General	Aggregate	Year-to-Date ▼													
	Primary General Other (specify)		500.00	11.												
			gg	11.												
	Name (Last, First, Middle Initial)															
	. Johnna S. Reed				Date o	f Re	eceipt									
Mailir	ng Address 3 Baneberry Court				M M	1	D		Y	Y	Y					
City			05 23 2014													
-	osonville	State SC	Zip Code 29680-7337		Transaction ID : 21772467 Amount of Each Receipt this Period											
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	al political committee.	С					7			250	.00					
Name	e of Employer	Occupation		_												
	Secours St. Francis Health System		gic Initiatives													
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	Primary General	33 - 3		11.												
	Other (specify)		, 250.00	41.												
Full I	Name (Last, First, Middle Initial)															
	. Philip A Clayton				Date o	f Re	eceipt									
Mailii	ng Address PO Box 829				M M	/	D			Y	Y					
City		State	Zip Code		05		23 Hon ID	3 : 217724		014						
Con	way	SC	29528-0829					Receipt t		Period						
FEC	ID number of contributing	0							-							
feder	al political committee.	С					7	7		250	0.00					
Nam	e of Employer	Occupation	1	\neg												
	way Medical Center	President a	nd Chief Executive Officer													
Rece	ipt For:	Aggregate	Year-to-Date ▼													
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or	y information copied from such Reports and S for commercial purposes, other than using the	tatements may and a	ay not be sold or used by any political committee	erson e to s	for the olicit co	e pu ontri	rpose o butions	f solicitin from suc	g co ch co	ntributi mmitte	ons e.			
\	NAME OF COMMITTEE (In Full)													
\sum	American Hospital Association	PAC												
Α.	Full Name (Last, First, Middle Initial) Mr. John Sullivan				Date	of R	eceipt							
	Mailing Address 1772 Bellamy Circle				05	N	23) 014	Y			
	City	State	Zip Code			sac		: 217724						
	Albemarle	NC	28001-9511		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					7			500.	00			
	Name of Employer	Occupation	l											
	Roper Hospital	Chief Exec	utive Officer											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General			11.										
	Other (specify)		500.00	4										
	Full Name (Last, First, Middle Initial) Ms. Martha Nathanson				Date	of R	eceipt							
	Mailing Address 6230 Woodcrest Avenue				05		29)14	Y			
	City	State	Zip Code		Transaction ID : 21796680									
	Baltimore	MD	21209-3935		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			255.00									
	Name of Employer	Occupation	I											
	LifeBridge Health	Vice Presid	ent Government and Communit											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General	7.99.09ato		11.										
	Other (specify)		255.00	4										
	Full Name (Last, First, Middle Initial) Ms. Sally L Berglin				Date	of R	eceipt							
	Mailing Address P O Box 209				м 05		/ D 22)14	Y			
	City	State	Zip Code		Tran	sac	tion ID	: 217967		_				
	Paw Paw	MI	49079-0209					Receipt t		eriod				
	FEC ID number of contributing federal political committee.	С					7			262.	50			
	Name of Employer	Occupation	1	-										
	Bronson LakeView Hospital	Vice Presic	lent											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General													
	Other (specify)		262.50											
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NAME OF COMMITTEE (In Full) American Hospital Associatior	n PAC		
Full Name (Last, First, Middle Initial) Mr. David Bussler Mailing Address 240 Second Street City Stanton FEC ID number of contributing federal political committee. Name of Employer Sheridan Community Hospital Receipt For: Primary General Other (specify) ▼		Zip Code 48888-9326 n mation Officer Year-to-Date ▼ 227.50	Date of Receipt
Full Name (Last, First, Middle Initial) B. Mr. Garry C Faja Mailing Address 400 West Russell Street City Saline FEC ID number of contributing federal political committee. Name of Employer St. Joseph Mercy Saline Hospital Receipt For: Primary General Other (specify) ▼	1	Zip Code 48176-1183 n nd Chief Executive Officer Year-to-Date ▼ 700.00	Date of Receipt
Full Name (Last, First, Middle Initial) Ms. Sheryl Lewis Blake FACHE Mailing Address PO Box 385 City Hastings FEC ID number of contributing federal political committee. Name of Employer Pennock Hospital Receipt For: Primary General Other (specify)		Zip Code 49058-0385 utive Officer Year-to-Date ▼ 262.50	Date of Receipt
SUBTOTAL of Receipts This Page (optional).			1190.00

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ITEMIZED RECEIPTS		ategory of the Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) American Hospital Association	PAC		
Full Name (Last, First, Middle Initial) Mr. James McKernan Mailing Address 601 John Street City Kalamazoo FEC ID number of contributing federal political committee. Name of Employer Bronson Methodist Hospital Receipt For: Primary General Other (specify) ▼	State Zip Code MI 49007-53 C Occupation Vice President Aggregate Year-to-Date	341	Date of Receipt
Full Name (Last, First, Middle Initial) Ms. Francine M Padgett Mailing Address 4005 Orchard Drive City Midland FEC ID number of contributing federal political committee. Name of Employer MidMichigan Health Receipt For: Primary General Other (specify) ▼	State Zip Code MI 48670-00 C Occupation Senior Vice President and Aggregate Year-to-Date	d Treasurer	Date of Receipt
Full Name (Last, First, Middle Initial) Ms. Barbara Rossmann RN Mailing Address 15855 19 Mile Road City Clinton Township FEC ID number of contributing federal political committee. Name of Employer Henry Ford Macomb Hospitals Receipt For: Primary General Other (specify) ▼	State Zip Code MI 48038-38 C Occupation President and Chief Exec Aggregate Year-to-Date	504	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		•••••	1050.00

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Arry information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committed to solicit				Detailed Summary Page		〈 11a		11b	11c		12		
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME CF COMMITTEE (In Ful) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Dr. Peter H Short MD Mailing Address 85 Herrick Street City State Beverly MA Maing Address 85 Herrick Street City State Beverly Hospital Coccupation Beverly Hospital Senior Vice President Medical Atfairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State B. Mr. Peter J Healy Maing Address 1 Boston Medical Center Place City State Boaton MA Primary General Other (specify) ▼ Coccupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Cocupation Receipt For: Aggregate Vear-to-Date ▼ Primary General Other (specify) ▼ State Primary Gener						-							7
American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Dr. Peter H Short MD Maling Address 85 Herick Street City Beverly State Zip Code Beverly State City Beverly Hospital Becerity Hospital Senior Vice President Medical Affairs Recepit Primary General Other (specify) ▼ State Zip Code Boston Maling Address 1 Boston Medical Center Place City Maling Address 1 Boston Medical Center Place City Maling Address 1 Boston Medical Center Place City Maling Address 2 S Highland Avenue City Maling Address 2 S Highland Avenue													
✓ Full Name (Last. First, Middle Initial) A. Dr. Peter H Short MD Mailing Address 85 Herrick Street Ötiy State Zip Code Beverly MA 01915-4032 FEC ID number of contributing federal political committee. C 187. Receipt For: Occupation Senior Vice President Medical Affairs Receipt For: Occupation 562.50 Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ 0ccupation B. Mr. Peter J Healy Date of Receipt 2014 Mailing Address 1 Boston Medical Center Place 0c 30 2014 Transaction ID : 21801576 Amount of Each Receipt for: 30 2014 Mailing Address 1 Boston Medical Center Place 0ccupation 30 2014 Transaction ID : 21801576 Amount of Each Receipt for: 30 2014 Transaction ID : 21801576 Amount of Each Receipt for: 30 2014 Transaction ID : 21801576 Amount of Each Receipt for: 30 2014 Transaction ID : 21801576 Amount of Each Receipt for: 30 2014 Transaction ID : 21801579 Amount of Each Receipt		. ,											
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City State Zip Code Transaction ID : 21801574 Beverly MA 01915-4032 Amount of Each Receipt this Period FEC. ID number of contributing federal political committee. C	M	lailing Address 85 Herrick Street					/					Y	
FEC ID number of contributing federal political committee. C 187. Name of Employer Beverly Hospital Senior Vice President Medical Affairs 187. Receipt For: Occupation Senior Vice President Medical Affairs 187. Receipt For: Other (specify) ▼ Aggregate Year-to-Date ▼ 562.50 Full Name (Last, First, Middle Initial) B. Mr. Peter J Healy Date of Receipt Mailing Address 1 Boston Medical Center Place 05 30 2014 City State Zip Code Transaction ID : 21801576 Boston MA 02118-2908 Anount of Each Receipt Kase FEC ID number of contributing federal political committee. Occupation Chief Executive Officer Aggregate Year-to-Date ▼ Maing Address 26 Highland Avenue Occupation Chief Executive Officer Date of Receipt Maing Address 26 Highland Avenue C 30 2014 Other (specify) ▼ State Zip Code Date of Receipt Maing Address 26 Highland Avenue C 30 2014 Other (specify) ▼ State Zip Code Transaction ID : 21801579 Newburyport MA 01960-3867 Anount of Eac	C	ity	State	Zip Code		Trans	sacti						
federal political committee. C 167. Name of Employer Occupation Senior Vice President Medical Affairs Receipt For: Other (specify) ▼ Aggregate Year-to-Date ▼ City State Zip Code Boston MA 02118-2908 FEC ID number of contributing federal political committee. C 30 / 2014 Name of Employer Occupation Aggregate Year-to-Date ▼ Boston MA 02118-2908 Amount of Each Receipt for: Name of Employer Occupation Chief Executive Officer Receipt For: Other (specify) ▼ State Zip Code Primary General Occupation Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ 562.50 Date of Receipt Mailing Address 25 Highland Avenue City State Zip Code Mailing Address 25 Highland Avenue Ci 30 / 2014 Transaction ID : 21801579 Mamourt of Each Receipt For: MA 01950-3867 Amount of Each Receipt His Period Newburyport MA 01950-3867 FEC ID number of contributing federal political committee. Size </td <td>E</td> <td>Beverly</td> <td>MA</td> <td>01915-4032</td> <td></td> <td>Amoun</td> <td>t of</td> <td>Each F</td> <td>Receipt th</td> <td>nis F</td> <td>'eriod</td> <td></td> <td></td>	E	Beverly	MA	01915-4032		Amoun	t of	Each F	Receipt th	nis F	'eriod		
Beverly Hospital Senior Vice President Medical Affairs Receipt For: Aggregate Year-to-Date ▼ B. Mr. Peter J Healy 562.50 Mailing Address 1 Boston Medical Center Place Date of Receipt City State Zip Code Best Primary General Occupation FEC ID number of contributing tederal political committee. C Sec.50 Name of Employer General Occupation Chy State Zip Code Beth Israel Deacones Hospital-Milton Chief Executive Officer Receipt For: Primary General Occupation Sec.50 Chy State Zip Code Sec.50 Full Name (Last, First, Middle Initial) C Sec.250 Sec.250 Chy State Zip Code Sec.250 Naming Address 25 Highland Avenue City State Zip Code		5	С					7		_	187	.50]
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B. Mr. Peter J Healy Date of Receipt Mailing Address 1 Boston Medical Center Place 05 City State Zip Code Boston MA 02118-2908 FEC ID number of contributing federal political committee. C Transaction ID : 21801576 Name of Employer Beth Israel Deaconess Hospital-Milton Chief Executive Officer Amount of Each Receipt this Period Primary General Officer 562.50 Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Date of Receipt City State Zip Code Transaction ID : 21801579 Mailing Address 25 Highland Avenue Mailing Address 25 Highland Avenue Date of Receipt City State Zip Code Transaction ID : 21801579 Name of Employer Occupation Mailing Address 25 Highland Avenue Date of Receipt City State Zip Code Transaction ID : 21801579 Name of Employer Occupation Maount of Each Receipt this Period FEC ID number of contributing federal political committee. C State Zip Code Name of Employer Occupation Aggregate Year-to-Date ▼ Feelot		Other (specify)											
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City State Zip Code Boston MA 02118-2908 FEC ID number of contributing federal political committee. C Name of Employer Beth Israel Deaconess Hospital-Milton Occupation Chief Executive Officer Receipt For: Primary General Other (specify) ▼ Occupation Chief Executive Officer Receipt For: Primary Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 25 Highland Avenue 562.50 Date of Receipt City State Zip Code Newburyport MA 01950-3867 FEC ID number of contributing federal political committee. C Name of Employer Anna Jaques Hospital Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ Primary General Occupation President and Chief Executive Officer Amount of Each Receipt this Period		· · · · · · · · · · · · · · · · · · ·	ice				/					Y	
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federal political committee. 0 562.5 Name of Employer Beth Israel Deaconess Hospital-Milton Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 562.50 Full Name (Last, First, Middle Initial) C. Mailing Address 25 Highland Avenue 562.50 City State Zip Code Newburyport MA 01950-3867 FEC ID number of contributing federal political committee. C Name of Employer Occupation Anna Jaques Hospital President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General	В	Boston	MA	02118-2908		Amoun	it of	Each F	Receipt th	nis F	'eriod		
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SCHEDULE A (FEC Form 3X) Ľ

Use separate schedule(s)

FOR LINE NUMBER:

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111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13		11b 14	11c	12 16	17
	y information copied from such Reports and for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) American Hospital Association	PAC								
Α.	Full Name (Last, First, Middle Initial) Mr. Mark R Tolosky JD, FACHE Mailing Address 759 Chestnut Street City Springfield	State MA	Zip Code 01199-1001			sactio	30 30) : 2180158	2014 30 nis Perioc	
	FEC ID number of contributing federal political committee.	С				7				0.00
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В.					Date o	f Rece	eipt			
	Mailing Address 271 Carew St.	State	Zip Code		05 Trans	sactio	30 n ID :		2014 35	Y
	Springfield FEC ID number of contributing federal political committee.	MA C	01104-2377						nis Perioc	l 2.50
	Name of Employer Mercy Medical Center	Occupation Senior Vice	President Government Relat							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 262.50]						
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	Mailing Address 20 Sandalwood Drive	State	Zip Code	_ [05 Trans		30 n ID		2014 86	Ŷ
	Wilbraham	MA	01095	A					nis Perioc	1
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111

	EMIZED RECEIPTS	X 11a 11b 11c 12 13 14 15 16 17		
	y information copied from such Reports and for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association	PAC		
А.	Full Name (Last, First, Middle Initial) Mr. James Horton Mailing Address 346 Furrow Rd City	State	Zip Code	Date of Receipt 05 01 2014 Transaction ID : 21820876
	Hastings	MI	49058-8963	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		350.00
	Name of Employer	Occupation		
	Pennock Hospital	Chief Medic	cal Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
в.	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton	·		Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	Otata	7. 0.1	05 / D D / Y Y Y Y Y 31 2014
	City Washington	State DC	Zip Code 20004-2818	Transaction ID : PR1045726230914
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer American Hospital Association-Washingt	Occupation Senior Vice	President & General Counse	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 423.17	P/R Deduction (\$38.47 Bi-Weekly)
с.	Full Name (Last, First, Middle Initial) Mr. David Schulke	1		Date of Receipt
	Mailing Address 155 N. Wacker Dr.			05 31 Y Y Y Y Y Y
	City	State IL	Zip Code	Transaction ID : PR1057462130914
	Chicago	IL	60606-1709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.41
	Name of Employer	Occupation		
	American Hospital Association-Chicago	VP Researe	ch Programs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 423.17	P/R Deduction (\$38.47 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	580.82

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FEC Schedule A (Form 3X) Rev. 02/2003

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page		X 11a		11b	11c	12					
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NAME OF COMMITTEE (In Full)													
American Hospital Associatio	on PAC												
Full Name (Last, First, Middle Initial) A. Mr. Dale A Kirby				Date o	f Re	eceipt							
Mailing Address P O Box 331				м м 05	/	31	/ Y	2014	Y				
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Mailing Address One North Franklin				M M			/ Y	Y Y	Y				
				05	ľ	31		2014					
City	State	Zip Code		Trans	acti	ion ID : I	PR13477	0363091	4				
Chicago	IL	60606-3436		Amoun	t of	Each R	eceipt th	is Perioc	l				
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Primary General	33 1 3 40		P/R Deduction (\$19.24 Bi-Weekly)										
Other (specify)		211.64											
Full Name (Last, First, Middle Initial) C. Mr. Mark Colucci				Date o	f Re	eceipt							
Mailing Address 1061 N Penny Ln				05	/	31	/ Y	2014	Y				
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FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full) American Hospital Association							5 110					
Full Name (Last, First, Middle Initial) A. Ms. Janet Henderson Mailing Address 155 North Wacker Drive City Chicago FEC ID number of contributing federal political committee. Name of Employer	State IL C	Zip Code 60606-1709			/ act	ion ID	31 D : P	[/] Y PR1937 eccipt th	2 843 2	eriod		
Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify)		ember Relations Year-to-Date ▼ 211.64	P	/R Ded	ucti	on (\$1	19.2	24 Bi-We	eekl	<i>y</i>)		
Full Name (Last, First, Middle Initial) B. Ms. Diane Jones Mailing Address 325 Seventh Street, NW Suite 700 City Washington City	State	Zip Code 20004-2801			/ acti	ion ID	31):P	/ Y PR19434	4615			
FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For:	Occupation Sr Assoc D							eceipt th		57	.72	
C. Full Name (Last, First, Middle Initial) Mr. Jeff Goldman Mailing Address 325 Seventh Street, NW Suite 700 City	State	Zip Code		Date of	/	3	31	/ Y PR1978	20)14		
Washington FEC ID number of contributing federal political committee. Name of Employer	DC	20004-2801		Amount of Each Receipt this Period 57.72								
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NAME OF COMMITTEE (In Full)	_															
American Hospital Associati	on PAC															
Full Name (Last, First, Middle Initial) A. Ms. Linda Fishman				Date of	Re	eceip	ot									
Mailing Address 325 Seventh Street, NW				M M	1	D	D	/ Y	Y	Y	Y					
Suite 700				05		L	31		20	014						
City	State	Zip Code		Trans	acti	ion l	ID : P	R3276	2913	0914						
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Name of Employer	Occupation	1	—													
American Hospital Association-Washingt	Senior Vice	President, Public Policy														
Receipt For:	Aggregate	Year-to-Date ▼														
Primary General			P/R Deduction (\$38.47 Bi-Weekly)													
Other (specify)		423.17														
Full Name (Last, First, Middle Initial) B. Mr. Michael P. McCue				Date of	Re	eceip	ot									
Mailing Address 122 N. Greenwood Aven	ue			M M	/		D	/ Y	Y	Y	Y					
			05 31 2014													
City	State	Zip Code		Transa	acti	ion I	ID : P	R32777	7163	0914						
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American Hospital Association-Chicago	Associate D	Virector														
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Primary General	, iggi ogulo		111	P/R Dedu	uctio	on (§	\$38.47	7 Bi-We	ekly	/)						
Other (specify)		423.17	4							,						
Full Name (Last, First, Middle Initial) C. Ms. Suzanne R. Sonik	·			Date of	Re	eceip	ot									
Mailing Address One North Franklin				м м 05	1	D	31	/ Y)14	Y					
City	State	Zip Code		Transaction ID : PR327777230914												
Chicago	IL	60606-3436		Amount	of	Eac	ch Ree	ceipt th	is P	eriod						
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American Hospital Association-Chicago	Director, Lo	ong-Term Care														
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	ny information copied from such Reports and for commercial purposes, other than using the										
$\left[\right]$	NAME OF COMMITTEE (In Full)										
	American Hospital Association	I PAC									
_	Full Name (Last, First, Middle Initial) Ms. Debra J. Stock										
Α.					Date o	t Re					
	Mailing Address 1022 S. Harvey Avenue				м м 05	1	31			014	Y
	City	State	Zip Code		Trans	sact	ion ID :	: PR3277	778:	30914	
	Oak Park	IL	60304-2132		Amoun	t of	Each F	Receipt th	nis F	^o eriod	
	FEC ID number of contributing federal political committee.	С					J		_	115.	.41
	Name of Employer	Occupation	1								
	American Hospital Association-Chicago	Vice Presid	ent, Member Relations								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		400.47	114	P/R Dec	lucti	ion (\$38	8.47 Bi-We	eekl	y)	
	Other (specify)		423.17	41							
в.	Full Name (Last, First, Middle Initial) Mr. Neil Jesuele				Date o	f Re	eceipt				
	Mailing Address 155 N Wacker Dr				м м 05	/	31		ү 20	у 014	Y
	City	State	Zip Code		Trans	act	ion ID :	PR3278	0173	30914	
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	Name of Employer American Hospital Association-Washingt	Occupation									
		1	/ice President								
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с.	Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson R	N, MSN			Date o	f Re	eceipt				
	Mailing Address 325 Seventh Street, NW				M M	/	D		Y	Y	Y
	Suite 700	State	Zip Code		05	١.	31			014	_
	Washington	DC	20004-2818					: PR3278 Receipt th			
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	Name of Employer	Occupation	1								
	American Hospital Association-Washingt	Chief Exec	utive Officer, AONE & Sr. Vi								
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	Primary General Other (specify) ▼		423.17] '	P/R Dec	lucti	ion (\$38	3.47 Bi-W	eekl	y)	
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	y information copied from such Reports and S for commercial purposes, other than using the											
$\left \right\rangle$	NAME OF COMMITTEE (In Full)											
	American Hospital Association	PAC										
Α.	Full Name (Last, First, Middle Initial) Ms. Joan H. Lewis				Da	ite of	f Re	ceipt				
	Mailing Address 6034 North 22nd Street				M	05	/	31	/ Y	2014		
	City	State	Zip Code		Т		acti		PR3278			
	Arlington	VA	22205-3408		Am	noun	t of	Each R	eceipt th	nis Peri	od	
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	Name of Employer	Occupation										
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	Primary General		211.64	114	P/R	Ded	uctio	on (\$19.)	24 Bi-We	eekly)		
	Other (specify)		211.04	4								
R R	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga				Da	ite of	f Re	ceipt				
υ.	Mailing Address 2401 Calvert Street, NW						/	DD	/ .	Y 1	Y	
	Apt. 1008				IVI	05	,	31	, ,	2014		
	City	State	Zip Code		Т	rans	acti	on ID : I	PR3278			
	Washington	DC	20008-2614		Am	noun	t of	Each R	eceipt th	nis Peri	od	
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	Name of Employer	Occupation										
	American Hospital Association-Washingt	Director, Po	licy Development									
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	Primary General Other (specify) ▼		211.64] f	P/R	Ded	uctio	on (\$19.2	24 Bi-We	ekly)		
— c.	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki				Da	ute of	F Ro	ceipt				
0.	Mailing Address 325 Seventh Street, NW							D D		Y	· · · ·	7
	Suite 700				IV	05	<i>'</i>	31	/ 1	2014		r
	City	State	Zip Code		Т	rans	act	ion ID :	PR3278	580309	014	
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	Name of Employer	Occupation										
	American Hospital Association-Washingt	Vice Presid	ent, Political Affairs									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		400.47		P/R	Ded	lucti	on (\$38.	47 Bi-W	eekly)		
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	y information copied from such Reports and St for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) American Hospital Association F	PAC									
Α.	Full Name (Last, First, Middle Initial) Mr. John F. Barry				Date	e of	Rec	eipt			
	Mailing Address One North Franklin	State	Zip Code		C)5	/	31	JЦ	2014 7783091	
	Millis	MA	60606-3436							nis Perio	
	FEC ID number of contributing federal political committee.	С					,			11	5.41
	Name of Employer American Hospital Association-Chicago Receipt For:	Occupation Regional E Aggregate									
	Primary General Other (specify) ▼		423.	17	P/R [Dedu	ctior	า (\$38.	47 Bi-W	eekly)	
B.	Full Name (Last, First, Middle Initial) Mr. George F. Bergstrom				Date	e of	Rec	eipt			
	Mailing Address 130 North Garland Court #3002	Otata	Zin Onda			™ 05	/	D D 31	/ Y	2014	
	City Chicago	State IL	Zip Code 60602-4750	-						9573091 nis Perio	
	FEC ID number of contributing federal political committee.	С					,		, 1		5.41
	Name of Employer American Hospital Association-Chicago	Occupation Vice Presid									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 423.	17	P/R D	Dedu	ctior	n (\$38.4	47 Bi-We	eekly)	
C.	Full Name (Last, First, Middle Initial) Mr. Thomas J. Bonner FACHE				Date	e of	Rec	eipt			
	Mailing Address P.O. Box 679010				М ()5	/	D D 31	/ Y	2014	Y
	City Austin	State TX	Zip Code 78767-9010							8373091 nis Perio	
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	Name of Employer	Occupation	1								
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NAME OF COMMITTEE (In Full)													
American Hospital Associati	on PAC												
Full Name (Last, First, Middle Initial) A. Mr. Richard J. Umbdenstock				Date of	Re	eceipt							
Mailing Address 325 Seventh Street, NW				M M	/	D	D	/ Y	Y	Y	Y		
Suite 700				05		3	1	L	20	014			
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Name of Employer	Occupation	1											
American Hospital Association-Washingt	President a	nd Chief Executive Officer											
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Primary General	33 3 3 4 4		F	P/R Dedu	ucti	on (\$3	8.4	17 Bi-We	ekly	y)			
Other (specify)		423.17											
Full Name (Last, First, Middle Initial) B. Ms. Barbara Lorsbach	·			Date of	Re	ceipt							
Mailing Address 204 7th Ave				м м 05	/	3		/ Y) 14	Y		
City	State	Zip Code		Transa	acti	on ID	: P	PR32813	3693	0914			
La Grange	IL	60525-6406	Amount of Each Receipt this Period										
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Name of Employer	Occupation	1											
American Hospital Association-Chicago	Sr. Vice Pre	esident, Member Relations											
Receipt For:	Aggregate	Year-to-Date ▼	_										
Primary General			P	/R Dedu	uctio	on (\$38	8.4	7 Bi-We	ekly	/)			
Other (specify)		423.17	4						-				
Full Name (Last, First, Middle Initial) C. Ms. Donna J. Melkonian	I			Date of	Re	eceipt							
Mailing Address 5545 North Wayne				м м 05	/	D 3		/ Y		ү)14	Y		
City	State	Zip Code		Trans	act	ion ID	• : F	PR32822	2383	30914			
Chicago	IL	60640-1318		Amount	of	Each	Re	eceipt th	is P	eriod			
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FEC Schedule A (Form 3X) Rev. 02/2003

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association	n PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. Ron O. Purcell			Date of Receipt
	Mailing Address 1093 N. Faldo Way	State	Zip Code	05 31 2014
	Eagle	ID	83616-5369	Transaction ID : PR328241430914
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	
	American Hospital Association-Chicago	Regional E		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 423.17	P/R Deduction (\$38.47 Bi-Weekly)
в.	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack	·		Date of Receipt
	Mailing Address 3475 North Venice Street			05 31 2014
	City	State	Zip Code	Transaction ID : PR328260930914
	Arlington	VA	22207-4446	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.41
	Name of Employer American Hospital Association-Washingt	Occupation		
	Receipt For:	1	/ice President	
	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		, 423.17	P/R Deduction (\$38.47 Bi-Weekly)
с.	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt
	Mailing Address 200 Clover Hill Court			05 31 2014
	City	State PA	Zip Code	Transaction ID : PR328511830914
	Yardley	PA	19067-5736	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.41
	Name of Employer	Occupation	1	
	American Hospital Association-Chicago	Regional E	xecutive	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		423.17	P/R Deduction (\$38.47 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			346.23

TOTAL This Period (last page this line number only)......

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page		< 11a 13		11b 14	11c		12 16	17
Ar or	ny information copied from such Reports and for commercial purposes, other than using t	Statements ma he name and a	ay not be sold or used by any p ddress of any political committed	erson e to so	for the	pur ontrit	pose o	of solicitin	g con	ntributi	ions
	NAME OF COMMITTEE (In Full) American Hospital Association	n PAC									
Α.	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell Mailing Address 1501 N. Harrison Street City	State	Zip Code		Date o	/	31		20)14 0 914	Y
	Arlington FEC ID number of contributing federal political committee.	C	22205-2726	_				Receipt t			41
	Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify) ▼		President, Communications Year-to-Date ▼ 423.17] F	P/R Dec	ducti	ion (\$38	3.47 Bi-W	'eekly	')	
в.	Full Name (Last, First, Middle Initial) Mr. George Arges Mailing Address One North Franklin St.				Date o	of Re	D			Y 14	Y
	City Chicago FEC ID number of contributing federal political committee.	State IL	Zip Code 60606-4425					r PR3286 Receipt tl		0914	72
	Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) ▼		ctor, Health Data Managemen Year-to-Date ▼ 211.64] P	/R Dec	lucti	on (\$19	9.24 Bi-W	eekly)	
C.	Full Name (Last, First, Middle Initial) Mr. Anthony S Burke Mailing Address 155 N Wacker Dr				Date o		eceipt		_ 20	Y 14	Y
	City Chicago	State IL	Zip Code 60606-1709					: PR3289 Receipt tl	91333	0914	
	FEC ID number of contributing federal political committee.	С					7	7	_	115.	41
	Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) ▼	Occupation CEO Aggregate	Year-to-Date ▼ 423.17] F	P/R Dec	duct	ion (\$38	8.47 Bi-W	′eekly	')	
5	UBTOTAL of Receipts This Page (optional).				L		,			288.	54

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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111

			Detailed Summary Page		11a		11b	11c	15 16		
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Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any p ddress of any political committee	erson e to so	for the licit co	purp ntribı	ose of utions fr	soliciting rom such	cor co	ntribut mmitte	ions ee.
\backslash	NAME OF COMMITTEE (In Full)										
	American Hospital Association	PAC									
Α.	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey				Date o	f Red	ceipt				
	Mailing Address One North Franklin Street				м м 05	/	D D D 31	/ Y			Y
	City	State	Zip Code		Trans	sactio	on ID : I	PR32901	343	0914	
	Chicago	IL	60606-4425		Amoun	t of I	Each R	eceipt thi	s P	eriod	
	FEC ID number of contributing federal political committee.	С					y			57.	72
	Name of Employer	Occupation									
	American Hospital Association-Chicago	SPSA Direc	ctor								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			P	/R Ded	luctio	on (\$19.:	24 Bi-We	ekly	/)	
	Other (specify)		211.64	4							
В.	Full Name (Last, First, Middle Initial) Dr. John R. Combes				Date o	f Red	ceipt				
	Mailing Address One North Franklin				M M		D D	/ Y	Y	Y	Y
					05		31		20	14	
	City	State	Zip Code		Trans	actio	on ID : I	PR32907	133	0914	
	Chicago	IL	60606-3436		Amoun	t of I	Each R	eceipt thi	s P	eriod	
	FEC ID number of contributing federal political committee.	С					7	- 7		115.	41
	Name of Employer	Occupation	 								
	American Hospital Association-Chicago	President &	Chief Operating Officer, C								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	33 - 3		P	/R Ded	uctio	n (\$38.4	47 Bi-We	ekly	')	
	Other (specify)		423.17	4							
с.	Full Name (Last, First, Middle Initial) Ms. Robyn L. Bash				Date o	f Red	ceipt				
	Mailing Address 325 Seventh Street, NW Suite 700				м м 05	/	31	/ Y			Y
	City	State	Zip Code		Trans	sacti	on ID :	PR32908	8443	80914	
	Washington	DC	20004-2818		Amoun	t of I	Each R	eceipt thi	s P	eriod	
	FEC ID number of contributing federal political committee.	С					,			116	.52
	Name of Employer	Occupation									
	American Hospital Association-Washingt	Executive [Director, Federal Relations								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			1 F	/R Ded	ductic	on (\$48.	64 Bi-We	ekly	/)	
	Other (specify)		270.44								
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			,			289.	65

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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111

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Hospital Association P	AC	
Full Name (Last, First, Middle Initial) A. Mr. W. Thomas Deweese		Date of Receipt
Mailing Address 500 Interstate Boulevard South		05 31 2014
City	State Zip Code TN 37210-4634	Transaction ID : PR329215730914
Nashville	111 37210-4634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	115.41
Name of Employer	Occupation	
American Hospital Association-Chicago	AHA Regional Executive	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	423.17	P/R Deduction (\$38.47 Bi-Weekly)
Full Name (Last, First, Middle Initial) B. Ms. Patricia Meersman		Date of Receipt
Mailing Address One North Franklin		05 31 2014
City	State Zip Code	Transaction ID : PR330343330914
Chicago	IL 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	57.72
Name of Employer	Occupation	-
American Hospital Association-Chicago	Senior Director Member Relations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	211.64	P/R Deduction (\$19.24 Bi-Weekly)
Other (specify)	211.04	
Full Name (Last, First, Middle Initial) C. Mr. Thomas Misfeldt		Date of Receipt
Mailing Address One North Franklin		05 31 2014
City	State Zip Code	Transaction ID : PR330411630914
Chicago	IL 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	115.41
Name of Employer	Occupation	-
American Hospital Association-Chicago	Associate Regional Executive	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	423.17	P/R Deduction (\$38.47 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		288.54

TOTAL This Period (last page this line number only)......

FEC Schedule A (Form 3X) Rev. 02/2003

10

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a		11b	11c	\square	12	
		<u></u>	<u> </u>		13		14	15		16	17
or	y information copied from such Reports and for commercial purposes, other than using th										
\backslash	NAME OF COMMITTEE (In Full)										
	American Hospital Association	PAC									
Α.	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca				Date of	f Rec	eipt				
	Mailing Address 4960 138th Circle West				M – M		D D	/ Y	Y	Y	Y
					05		31		20	014	
	City	State	Zip Code		Trans	actio	on ID :	PR33047	<u>′543</u>	30914	
	Apple Valley	MN	55124-9229		Amount	t of E	Each R	eceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С				. ,	,		_	115.	.41
	Name of Employer	Occupation	l								
	American Hospital Association-Chicago	Regional E	xecutive								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			P	P/R Ded	uction	n (\$38	47 Bi-We	ekly	/)	
	Other (specify)		423.17								
	Full Name (Last, First, Middle Initial) Mr. Gene O'Dell	1			Date of	f Rec	aint				
	Mailing Address One North Franklin							/ V	v	Y	V
					05	,	31	/ 1)14	
	City	State	Zip Code		Trans	actio	n ID : I	PR33054			
	Chicago	IL	60606-3436		Amount	t of E	Each R	eceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С				. ,	_	7	_	57.	72
	Name of Employer	Occupation	1	_							
	American Hospital Association-Chicago	Vice Presid	ent, Strategic Planning								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			P	/R Ded	uctior	n (\$19.2	24 Bi-We	ekly	/)	
	Other (specify)		, 211.64								
— c.	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe				Date of	f Bec	eint				
	Mailing Address 172 Atteridge				M	/		/ V	V	Y	Y
					05	Ĺ	31)14	
	City	State	Zip Code		Trans	sactio	on ID :	PR33054	1923	30914	
	Lake Forest	IL	60045-1715		Amount	t of E	Each R	eceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С				,			_	115	.41
	Name of Employer	Occupation	1								
	American Hospital Association-Chicago	Vice Presic	lent, Constituency Section								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			F	P/R Ded	luctio	n (\$38.	47 Bi-We	ekly	y)	
	Other (specify)		423.17								
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SI	JBTOTAL of Receipts This Page (optional)					,	,	7		288.	54

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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111

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) American Hospital Association PA	С	
A. Full Name (Last, First, Middle Initial) Mr. Anthony Spohn Mailing Address 3219 N. Oriole	State Zip Code	Date of Receipt 05 / 31 / 2014 Transaction ID : PR331098330914
	C 60634-3232	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 211.64	P/R Deduction (\$19.24 Bi-Weekly)
Full Name (Last, First, Middle Initial) B. Ms. Debi H. Tucker Esq. Mailing Address 1101 N. Kentucky Street		Date of Receipt
City Arlington	StateZip CodeVA22205-3515	Transaction ID : PR331278830914 Amount of Each Receipt this Period
American Hospital Association-Washingt	C Decupation irrector, State Issues Forum Aggregate Year-to-Date 211.64	P/R Deduction (\$19.24 Bi-Weekly)
Full Name (Last, First, Middle Initial) C. Ms. Darlene S. Vanderbush Mailing Address 26 West Glendale Ave.		Date of Receipt
City	State Zip Code VA 22301-2402	05 31 2014 Transaction ID : PR331304230914
Alexandria FEC ID number of contributing federal political committee.	VA 22301-2402	Amount of Each Receipt this Period
American Hospital Association-Washingt	Occupation /ice President, Operations - APP Aggregate Year-to-Date ▼ 423.17	P/R Deduction (\$38.47 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)	▶	230.85

TOTAL This Period (last page this line number only)......

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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111

TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Associati	on PAC		
Full Name (Last, First, Middle Initial) A. Ms. Megan Cundari Mailing Address 325 Seventh Street, NW Suite 700 City Washington FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify)	State DC C Occupation Senior Asso	Zip Code 20004-2818 Deciate Director Year-to-Date ▼ 423.17	Date of Receipt 05 31 2014 Transaction ID : PR518031930914 Amount of Each Receipt this Period 115.41 P/R Deduction (\$38.47 Bi-Weekly)
Full Name (Last, First, Middle Initial) B. Ms. Laura M. Werner Mailing Address 325 Seventh Street, NW Suite 700 City	State	Zip Code	Date of Receipt 05 / 31 / 2014 Transaction ID : PR560101530914
Washington FEC ID number of contributing federal political committee. Name of Employer	DC C	20004-2818	Amount of Each Receipt this Period
American Hospital Association-Washingt Receipt For: Primary General Other (specify)	Associate D	Pirector, Political Affairs Year-to-Date ▼ 211.64	P/R Deduction (\$19.24 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Carlos Jackson Mailing Address 325 Seventh Street, NW	State	Zip Code	Date of Receipt 05 / 05 / 2014 Transaction ID : PR566280930914
Washington FEC ID number of contributing federal political committee.	C	20004-2802	Amount of Each Receipt this Period
Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify) v		Director, Federal Relations Year-to-Date ▼ 211.64	P/R Deduction (\$19.24 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional	al)		230.85

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TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 91 OF

111

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) American Hospital Association	PAC		
Full Name (Last, First, Middle Initial) Ms. Ashley B. Thompson Mailing Address 606 S. Royal St. City Alexandria FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify) ▼	State VA C Occupation Director, Po Aggregate		Date of Receipt Date of Receipt Dot 2014 Transaction ID : PR766023730914 Amount of Each Receipt this Period 115.41 P/R Deduction (\$38.47 Bi-Weekly)
Full Name (Last, First, Middle Initial) Ms. Lisa Kidder Hrobsky Mailing Address 325 Seventh Street, NW Suite 700 City Washington FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify) ▼		Zip Code 20004-2818 ent, Legislative Affairs Year-to-Date ▼ 211.64	Date of Receipt 05 31 2014 Transaction ID : PR876637230914 Amount of Each Receipt this Period 57.72 P/R Deduction (\$19.24 Bi-Weekly)
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼		Zip Code	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		····· •	173.13

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SCHEDULE A	(FEC	Form 3X)
ITEMIZED REC	EIPTS	6

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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111

	EMIZED RECEIPTS		for each category of the	Γ	11a		11b	11c	12		
			Detailed Summary Page		13		14	15	16	X	17
	y information copied from such Reports and Sta for commercial purposes, other than using the										S
	NAME OF COMMITTEE (In Full) American Hospital Association P	PAC									
A .	Full Name (Last, First, Middle Initial) TD Bank Mailing Address 901 Seventh Street, NW City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State DC C Occupation Aggregate	Zip Code 20001 Year-to-Date ▼ 1296.32			/ acti	ion ID : Each F	2180283 Receipt th	nis Peric		
B.	Full Name (Last, First, Middle Initial) Mailing Address City	State	Zip Code		Date of	ⁱ Re	ceipt	/ Y	ŶŶŶ	Y	
	FEC ID number of contributing federal political committee. Name of Employer	Occupation			Amount	: of	Each F	Receipt th	is Peric	d	
	Receipt For:	Aggregate	Year-to-Date ▼								
C.	Full Name (Last, First, Middle Initial) Mailing Address City	State	Zip Code		Date of	^r Re) / Y	Y Y	Y	
	FEC ID number of contributing federal political committee. Name of Employer	Occupation			Amount	of	Each F	Receipt th	iis Peric	d	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼								
s	UBTOTAL of Receipts This Page (optional)		•		Ę.		5			4.22	
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S	CHEDULE B (FEC Form 3X)	11			-		E NUMBER: PAGE 93 OF											
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(c		k only 21b	one) 22		23	24	25	26						
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	y information copied from such Reports and Stater for commercial purposes, other than using the nar																	
	NAME OF COMMITTEE (In Full)	_																
	American Hospital Association PA	С																
<u>ب</u>	Full Name (Last, First, Middle Initial)																	
А.	Newtek Merchant Solutions						Date o		sourse		YY	Y						
	Mailing Address 744 N 4th Street								05 02 2014									
	City Milwaukee	State WI	Zip Code 53203				Transaction ID : 21802832											
	Purpose of Disbursement		33203	_														
	Merchant Fees Candidate Name			1. Alt 1.	01		Amour	nt of	Each	Disbursen	nent this	Period						
				Cate T	egor ype	ry/			,		14	8.02						
	Office Sought: House Disburset Senate President	ment For: Primary Other (spec	General cify) ▼				Mercha	ant F	ees									
	State: District:																	
В.	Full Name (Last, First, Middle Initial) American Express						Date of	of Dis	sburse	ement								
							M		D		YY	Y						
	Mailing Address Ste. 001						05 05 2014											
	Chicago	State IL	Zip Code 60679				Transaction ID : 21802833											
	Purpose of Disbursement Merchant Fees			C	001		Amount of Each Disbursement this Period											
	Candidate Name			Cate	egor ype	ry/	73.13											
		ment For:																
	President	Primary Other (spec	General				Merchant Fees											
	State: District:																	
C.	Full Name (Last, First, Middle Initial) Paymentech						Date of	of Dis	sburse	ement								
								/	D		2014	Y						
	Mailing Address 14221 Dallas Parkway Building Two						05		0		2014							
	City Dallas	State TX	Zip Code 75254				Tran	sact	ion ID	: 2180283	34							
	Purpose of Disbursement Merchant Fees				001				_									
	Candidate Name			Cate		ry/	Amour	nt of	Each	Disbursen		Period 9.15						
	Office Sought: House Disburser	ment For:			ype				7									
	Senate President	Primary Other (spec	General cify) ▼				Mercha	ant F	ees									
	State: District:		(iij) v															
	UBTOTAL of Disbursements This Page (optional)										290	0.30						
Ľ	UDIDIDIDIDIDIDIDIDIDIDIDIDIDIDIDIDIDIDI						+	-	7	7								
т	OTAL This Period (last page this line number only))							7		290	0.30						

	CHEDULE B (FEC Form 3X)	Use separate schedule(s)				LINE NUMBER: PAGE 94 OF 11													
IT	EMIZED DISBURSEMENTS		category of the	(c	hec	k onl <u>y</u> 21b	only one) 1b 22 🔀 23 24 25 26												
			Summary Page		-	210	\vdash	22 28a		23 28b	┝	24 28c	-	25	30b				
	y information copied from such Reports and Stater for commercial purposes, other than using the nar					/ pers		for the		pose		solicitii		ontribu	itions				
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	-																	
	American Hospital Association PA	C																	
	Full Name (Last, First, Middle Initial)																		
А.	Manchin For West Virginia							Date o	f Dis	sburse	em	nent							
	Mailing Address PO Box 5202							^M M	/	D 1	12			014	Y				
	City	State	Zip Code					_											
	Charleston	WV	25361				Transaction ID : 21764726												
	Purpose of Disbursement 2018 Contribution			0	11	1 Amount of Each Disbursement this Period													
	Candidate Name			Cate	egoi	ry/	1												
	Sen. Joe Manchin III				ype					7	_	7		100	0.00				
	Senate President	ment For: Primary Other (spe	General			2018 Contribution													
	State: WV District:																		
B	Full Name (Last, First, Middle Initial)							Date o	f Dia	shured	om	oont							
ь.	Schatz For Senate																		
	Mailing Address PO Box 3828						05 12 2014												
	Honolulu	State HI	Zip Code 96812				Transaction ID : 21764727												
	Purpose of Disbursement Contribution						Amount of Each Disbursement this Period												
	Candidate Name			0)11	_		t this	Period										
	Sen. Brian E. Schatz			Cate	egoi /pe		1000.00							0.00					
		ment For:	2014		he														
		Primary	General																
	President	Other (spe	ecify) 🔻																
	State: HI District:		·																
	Full Name (Last, First, Middle Initial)																		
С.	Friends Of Jeanne Shaheen							Date o	f Dis	sburse	em	nent							
								M M	/	D		/		Y	Y				
	Mailing Address 105 N State Street							05			12		2	014	_				
	City	State	Zip Code				-	-											
	Concord	NH	03301					Trans	sact	ion ID):	217647	28						
	Purpose of Disbursement Contribution				-]												
				0	11			Amoun	t of	Each	D	isburse	men	t this	Period				
	Candidate Name Sen. Jeanne Shaheen			Cate										50	0.00				
		ment For:	2014	T <u>y</u>	ype			_	-	7				_					
	Senate	Primary	General	neral Contribution															
	President	Other (spe						JUILIID	ulioi	1									
_	State: NH District:																		
s	UBTOTAL of Disbursements This Page (optional)													2500	0.00				
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т	OTAL This Period (last page this line number only))						L.		7	_	7							

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ITEMIZED	DISBUR	SEMEN	rs	for each	a category of the Summary Page		chec	ck only 21b 27		e) 22 28a	X	23 28b	24 28c		25 29	26 30b
					not be sold or us dress of any politi											
	COMMITTEE	(In Full)														
/	•	al Associ	ation PAC	C												
Full Name (A. Friends	Last, First, M Of Jeanr		en						[Date of	Dis	burse	ment			
Mailing Add	ress 105 N S	tate Street								м м 05	/	D 12			014	Y
City Concord			ç	State NH	Zip Code 03301					Trans	acti	on ID	: 217647	29		
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B. Friends	Of Susa	n Brooks							0	Date of	Dis	burse			Y	Y
Mailing Add	ress 9425 N # 237	Meridian Str	eet							05	ĺ	1:			014	1
City Indianapolis			S	State IN	Zip Code 46260					Trans	acti	on ID	: 217647	'30		
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C. Engel F	or Congr	655								M M	/	D			Y	V
Mailing Add	ess 462 Cal	ifornia Road								05		12			014	
City Bronxville				State NY	Zip Code 10708					Trans	acti	on ID	: 217647	31		
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	y information copied from such Reports and Stater for commercial purposes, other than using the nar														
$\left \right $	NAME OF COMMITTEE (In Full)														
$\left \right\rangle$	American Hospital Association PA	С													
<u> </u>	Full Name (Last, First, Middle Initial)							Date o	f Die	shured	am	ant			
Λ.	Robin Kelly For Congress								_					Y	
	Mailing Address PO Box 6953							05	/	D 1	2			014	Ť
	,	State IL	Zip Code					Trans	sacti	ion ID):	217647	32		
	Chicago Purpose of Disbursement	IL	60680				-								
	Contribution			0)11			Amoun	t of	Each	D	isburse	men	t this	Period
	Candidate Name			Cate										150	0.00
	Rep. Robin Kelly Office Sought: V House Disburser	ment For:	2014	L.	уре				-	7		- 7			
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	State: IL District: 02	Other (spe	ecity) 🔻												
_	Full Name (Last, First, Middle Initial)														
В.	Pascrell For Congress							Date o	f Dis						
	Mailing Address PO Box 100							05	/	D	12			014	Ŷ
	Teaneck	State NJ	Zip Code 07666					Trans	sacti	ion ID):	217647	/33		
	Purpose of Disbursement Contribution			C)11			Amoun	t of	Each	D	isburse	men	t this	Period
	Candidate Name			Cate	eao	rv/				-				400	
	Rep. William J. Pascrell Jr.				ype				-	7	_			100	0.00
		ment For: Primary Other (spe	General				(Contrib	utior	ו					
_	Full Name (Last, First, Middle Initial)														
C.	David Scott For Congress							Date o	f Dis	sburse	əm	nent			
	Mailing Address P.O. Box 960821							05	/	D 1	2			014	Y
		State GA	Zip Code					Trans	sacti	ion ID):	217647	'34		
	Riverdale Purpose of Disbursement	GA	30296	_		-									
	Contribution			0)11			Amoun	t of	Each	D	isburse	men	t this	Period
	Candidate Name Rep. David Albert Scott			Cate	ego ype									100	0.00
	•	ment For: Primary	2014 General		урс					7					
	President	Other (spe						Contrib	utior	1					
	State: GA District: 13														
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	ny information copied from such Reports and Stater for commercial purposes, other than using the nan					/ perso	n for the		pose (of solicitir		ontribu	tions
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	_											
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•	Full Name (Last, First, Middle Initial)						Doto o	4 D:	abura	mont			
А.	Simpson For Congress						Date o	_				Y	V
	Mailing Address 1487 Parkway Drive						05		D 1	5		014	Ť
	,	State	Zip Code				Trans	sact	ion ID	: 217647	35		
	Blackfoot Purpose of Disbursement	ID	83221										
	Contribution			C)11		Amoun	it of	Each	Disburse	ment	t this I	Period
	Candidate Name			Cate	egoi	ry/						1000	00
	Rep. Mike K. Simpson				ype				7	7		1000	.00
	Office Sought: House Disburser Senate President State: ID District: 02	nent For: Primary Other (spe	X General				Contrib	utior	า				
	Full Name (Last, First, Middle Initial)												
В.	Walden For Congress						Date o	_					
	Mailing Address PO Box 1091						05	/	D 1	2		014	Y
	Hood River	State OR	Zip Code 97031				Trans	sact	ion ID	: 217647	39		
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	Senate	Primary Other (spe	General				Contrib	outio	n				
с.	Full Name (Last, First, Middle Initial) Walden For Congress						Date o	of Di	sburse	ement			
	Mailing Address PO Box 1091						м м 05	/	D 1	D / 2		014	Y
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	Hood River Purpose of Disbursement Contribution	OR	97031										
	Candidate Name			C)11	_	Amoun	t of	Each	Disburse	ment	t this I	Period
	Rep. Greg P. Walden			Cate	egoi ype							500	.00
	Office Sought: House Disburser Senate President	nent For: Primary Other (spe	K General		ype		Contrib	utior	ו	5			
	State: OR District: 02												
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<u> </u>	Full Name (Last, First, Middle Initial)						_								
А.	PAC to the Future						_		t Dis	sburse		_	(Y	
	Mailing Address 700 13th Street N.W. Suite 600						h	05	ĺ	D 1	12			014	Ť
	5	State	Zip Code				Т	rans	acti	ion ID):	217647	41		
	Washington	DC	20005					lane		01112					
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_	Full Name (Last, First, Middle Initial)														
В.	Pioneer PAC						_		f Dis	sburse			/	Ŷ	M
	Mailing Address 499 South Capitol Street, SW Suite 408						N	05	ĺ	D	12			014	Y
	Washington	State DC	Zip Code 20003				٦	rans	acti	ion ID):	217647	42		
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	Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (spec	General ify) ▼				20	14 C	ontri	ibutior	n				
_	Full Name (Last, First, Middle Initial)														
C.	Lynn Jenkins For Congress						Da	ate of	f Dis	sburse	em	nent			
	Mailing Address PO Box 1441						N	05	/	D 1	D 2			014	Y
	City Topeka	State KS	Zip Code 66601				٦	rans	acti	ion ID):	217647	43		
	Purpose of Disbursement Contribution														
	Candidate Name)11	_	An	noun	t of	Each	D	isburse	ment	t this	Period
	Rep. Lynn Jenkins			Cate	egor ype		- [2000	0.00
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	y information copied from such Reports and Stater for commercial purposes, other than using the nar														
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	_													
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	Full Name (Last, First, Middle Initial)														
Α.	Lynn Jenkins For Congress							Date of	f Dis	sburse	em	nent			
	Mailing Address PO Box 1441							05	/	D 1	12			014	Y
	City	State	Zip Code					T				047047			
	Topeka	KS	66601					Trans	acti):	217647	44		
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	Office Sought: House Disburser Senate President State: KS District: 02	ment For: Primary Other (spe	X General				С	Contribu	utior	ı					
_	Full Name (Last, First, Middle Initial)														
В.	Markey Committee; The							Date of	f Dis						
	Mailing Address PO Box 526							05	/	D 1	12			014	Y
	Medford	State MA	Zip Code 02155					Trans	sacti	ion IE):	217647	45		
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	Candidate Name			Cate	egoi	ry/					7			100	0.00
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_	Full Name (Last, First, Middle Initial)														
C.	Richard Hanna For Congress Com	nmittee					1	Date of	f Dis	sburse			V	Y	V
	Mailing Address PO Box 118							05	ĺ		2			014	
	City Utica	State NY	Zip Code 13503					Trans	sacti	ion ID):	217647	46		
	Purpose of Disbursement Contribution														
	Candidate Name				11	_	A	Amoun	t of	Each	D	isburse	men	t this	Period
	Rep. Richard Hanna			Cate	egoi ype									100	0.00
	Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General		,00		С	Contribu	utior	1		5			
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	y information copied from such Reports and State for commercial purposes, other than using the nar												
\mathbb{N}	NAME OF COMMITTEE (In Full)												
	American Hospital Association PA	С											
Α.	Full Name (Last, First, Middle Initial) Steve Israel For Congress Commi	ttee					Date o	_					
	Mailing Address PO Box 1400						05	/	D 1	2		014	Y
	Melville	State NY	Zip Code 11747				Trans	sacti	ion ID	: 217647	747		
	Purpose of Disbursement Contribution			0	11		Amoun	t of	Each	Disburse	ement	t this	Period
	Candidate Name Rep. Steve J. Israel			Cate Ty	egor /pe	ry/			,	- 7		1000	0.00
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B.	Full Name (Last, First, Middle Initial) National Republican Senatorial Co				Date o	_	D			у 014	Ŷ		
	City Washington	State DC	Zip Code 20002				Trans	sacti	ion ID	: 21772	328		
	Purpose of Disbursement 2014 Contribution			0)11		Amoun	t of	Each	Disburse	ement	t this	Period
	Candidate Name National Republican Senatorial Co		e	Cate Ty	egor /pe	γ/			,	. ,		15000	0.00
	Office Sought: House Disburse Senate President Image: Construct of the senate of the senat of the sen	ment For: Primary Other (spe	General				2014 C	ontri	butior	1			
C.	Full Name (Last, First, Middle Initial) Charles Boustany, Jr., MD For Col	ngress,	Inc.				Date o					Y	
	Mailing Address PO Box 80126						05	/	2			014	Y
	Lafayette	State LA	Zip Code 70598				Trans	sacti	ion ID	: 21772	331		
	Purpose of Disbursement Contribution			0	11		Amoun	t of	Each	Disburse	ement	t this	Period
	Candidate Name Rep. Charles W. Boustany Jr.			Cate Ty	egor /pe	·y/			,			500	0.00
	Office Sought: House Disburse Senate President State: LA District: 03	ment For: Primary Other (spe	General				Contrib	ution	١				
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	7 one) 22 X 23 24 25 26 28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)			
American Hospital Associat	tion PAC		
Full Name (Last, First, Middle Initial)			
A. Luke Messer For Congress			Date of Disbursement
Mailing Address P.O. Box 917			05 20 2014
City	State Zip Code		Transaction ID : 21772335
Shelbyville	IN 46176		
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Luke Messer		Туре	3500.00
Office Sought: House Senate President State: IN District: 06	Disbursement For: 2014 Primary X General Other (specify) ▼		Contribution
Full Name (Last, First, Middle Initial)			
B. Nadler For Congress			Date of Disbursement
Mailing Address Village Station, PO Box	x 40		05 / D D / Y Y Y Y 20 2014
City New York	State Zip Code NY 10014		Transaction ID : 21772339
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Jerrold L. Nadler		Туре	7 7 7 1000100
Office Sought: House Senate President State: NY District: 10	Disbursement For: 2014 Primary General Other (specify) ▼		Contribution
Full Name (Last, First, Middle Initial) C. Tom Rice For Congress			Date of Disbursement
Mailing Address 1107 48th Ave., N. Suite 310-A			05 / D D / Y Y Y Y 20 / 2014
City Myrtle Beach	State Zip Code SC 29577		Transaction ID : 21772342
Purpose of Disbursement Contribution		011	Amount of Each Diskurgement this Deviad
Candidate Name			Amount of Each Disbursement this Period
Rep. Tom Rice		Category/ Type	1000.00
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State: SC District: 07			
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	y information copied from such Reports and State for commercial purposes, other than using the nar												
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	American Hospital Association PA	С											
	Full Name (Last, First, Middle Initial) Schock For Congress						Date o	f Dis	sburse	ment			
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	Mailing Address PO Box 10555						05		2	0	_20	14	
	City Peoria	State IL	Zip Code 61612				Trans	sacti	on ID	: 217723	44		
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	Rep. Aaron Jon Schock				ype				7			2000	.00
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В.	AXPAC						Date o	f Dis	sburse				
	Mailing Address PO Box 538						м м 05	/	2	0	20		Y
	Wausau	State WI	Zip Code 54402-0538				Trans	sacti	ion ID	: 217723	46		
	Purpose of Disbursement 2014 Contribution			0)11		Amoun	t of	Each	Disburse	ment	this F	Period
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	AXPAC Office Sought: House Disburse	ment For:		Ťj	ype				7				
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	State: District:												
C.	Full Name (Last, First, Middle Initial) Hoosiers First PAC						Date o		sburse		/		14
	Mailing Address 215 South St. Joseph Street Suite 600						05	<i>'</i>	2		20		ř.
	City South Bend	State IN	Zip Code 46601				Trans	sacti	ion ID	: 217723	48		
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S	CHEDULE B (FEC Form 3X)	F	OR	LINE N	NUMBER	:			PAG	ìΕ	103 (OF 111	
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(C	hec	k only		, <u> </u>						
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	y information copied from such Reports and Stater for commercial purposes, other than using the nan												
\setminus	NAME OF COMMITTEE (In Full)												
	American Hospital Association PA	C											
_	Full Name (Last, First, Middle Initial)												
Α.	Pioneer PAC					Date o	of Di	sburse	ement				
	Mailing Address 499 South Capitol Street, SW Suite 408					05		2	20	Y)14	Y
		State Zip Code				-							
	Washington	DC 20003				Tran	sact	ion ID): 217	7234	9		
	Purpose of Disbursement 2014 Contribution		0	11		Amour	nt of	Each	Disbu	rsem	nent	this	Period
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	Pioneer PAC			ype				7		7		1500	0.00
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	State: District:												
В.	Full Name (Last, First, Middle Initial) ROYB - Rely on Your Beliefs Fund Mailing Address 1300 Pennsylvania Avenue, NW					Date of		D		Y)14	Y
	Suite 700	State Zip Code											
	City S Washington	DC 20004				Tran	sact	tion ID): 217	7235	0		
	Purpose of Disbursement 2014 Contribution		C)11		Amour	nt of	Each	Disbu	rsem	nent	this	Period
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	ROYB - Rely on Your Beliefs Fund		Ту	ype				7	_	7	-	1000	5.00
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼				2014 C	Contr	ibutior	n				
_	Full Name (Last, First, Middle Initial)												
C.	Bera For Congress					Date o	of Di	sburse		Y	Y	Y	Y
	Mailing Address Post Office Box 582496					05		2	20	-	20)14	
	City S Elk Grove	State Zip Code CA 95758				Tran	sact	tion ID): 217	7235	2		
	Purpose of Disbursement Contribution		0	11		Amour	nt of	Fach	Disbu	rsem	nent	this	Period
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Α.	Full Name (Last, First, Middle Initial) Bera For Congress						Date o	f Dist	bursei	ment			
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	Mailing Address Post Office Box 582496						05		20)	201	14	
	City Elk Grove	State CA	Zip Code 95758				Trans	actio	on ID	: 217723	53		
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	Rep. Ami Bera MD				ype	,,,			,			1000	.00
	Senate President	ment For: Primary Other (spe	X General				Contrib	ution					
	State: CA District: 07												
B.	Full Name (Last, First, Middle Initial) Mark Desaulnier For Congress						Date o	f Disk	bursei	ment			
							MM	/	D		Y		Y
	Mailing Address 5429 Madison Avenue						05		20)	20	14	
	City Sacramento	State CA	Zip Code 95841				Trans	sactio	on ID	: 217723	57		
	Purpose of Disbursement Contribution			0)11		Amoun	t of E	Each	Disburse	ment	this F	Period
	Candidate Name			Cate	egory	//						1000	00
	Mark Desaulnier				ype		<u></u>		,		-	1000	.00
		ment For: Primary Other (spe	General				Contrib	ution					
C.	Full Name (Last, First, Middle Initial) Majority Committee PAC						Date o	f Dist					
	Mailing Address PO Box 10134						м м 05	/	20		201		Ŷ
	City Bakersfield	State CA	Zip Code 93389				Trans	actic	on ID	: 217723	59		
	Purpose of Disbursement 2014 Contribution			0	11								
	Candidate Name				egory		Amoun	t of E	ach	Disburse	ment	this F	eriod
	Majority Committee PAC				ype	//			,			1000	.00
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General				2014 Co	ontrib	oution				
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s	UBTOTAL of Disbursements This Page (optional).						<u> </u>			7		3000.	00
т	OTAL This Period (last page this line number only	·)					L.		,	7			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 105 OF 111
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	y one)
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 300
Any information copied from such Reports and St or for commercial purposes, other than using the		used by any pers	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	_		
American Hospital Association F	PAC		
Full Name (Last, First, Middle Initial) A. Rodney For Congress			Date of Disbursement
Mailing Address PO Box 344			05 / D D / Y Y Y Y 20 2014
City Taylorville	State Zip Code IL 62568		Transaction ID : 21772361
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Rodney Davis Office Sought: House Disbu Senate President Image: Senate	rsement For: 2014 Primary ∑ General Other (specify) ▼	Туре	Contribution
State: IL District: 13 Full Name (Last, First, Middle Initial)			
B. Debbie Dingell for Congress			Date of Disbursement
Mailing Address PO Box 746			05 20 2014
City Dearborn	StateZip CodeMI48121	_	Transaction ID : 21772362
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name Debbie Dingell		Category/ Type	1000.00
	rsement For: 2014 X Primary General Other (specify) ▼	Туре	Contribution
Full Name (Last, First, Middle Initial) C. Alma Adams For Congress			Date of Disbursement
Mailing Address PO Box 20622			05 / D D / Y Y Y Y 20 2014
City Greensboro	State Zip Code NC 27420		Transaction ID : 21772413
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name Ms. Alma Adams		Category/ Type	2000.00
Senate President	rsement For: 2014 Primary X General Other (specify) ▼		Contribution
State: NC District: 12			
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S	CHEDULE B (FEC Form 3X)		F	OR LI	INE N	UMBER:			PA	GE 106	6 OF 111
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the) (c		only c			00			
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	y information copied from such Reports and State for commercial purposes, other than using the nar										
$\left \right $	NAME OF COMMITTEE (In Full)										
	American Hospital Association PA	С									
<u>ب</u>	Full Name (Last, First, Middle Initial)					_					
Α.	Berger for Congress					Date of	f Disl	burse	ment		
	Mailing Address PO BOX 3117					м м 05	/	20		2014	
	City Eden	State Zip Code				Trans	actio	on ID	: 217724	15	
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D	Full Name (Last, First, Middle Initial)					Data at		huraa	mont		
D.	George Holding For Congress Inc.					Date of	Disi				
	Mailing Address PO Box 97187			05	/	20		2014			
	Raleigh	StateZip CodeNC27624				Trans	actio	on ID	: 217724	16	
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	Candidate Name		Cat	egory	/					1(00.00
	Rep. George E.B. Holding	. –	Т	уре			-	,		, in	00.00
	Office Sought: House Disburse Senate President Image: Senate State: NC District: 13	ment For: 2014 Primary X General Other (specify) ▼				Contrib	ution				
_	Full Name (Last, First, Middle Initial)										
C.	David Rouzer For Congress					Date of	f Disl	burse	ment		
	Mailing Address PO Box 2267					05	/	20		2014	
	City	State Zip Code				Trans	actio	on ID	: 217724	18	
	Smithfield	NC 27577				mana				10	
	Purpose of Disbursement Contribution)11		A					Destad
	Candidate Name					Amoun	LOLE	acn	Disburse	ment th	s Period
	David Rouzer			egory. ype	/		_			20	00.00
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	y information copied from such Reports and State for commercial purposes, other than using the nar																			
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	American Hospital Association PA	С																		
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А.	Tiberi For Congress						Date of Disbursement													
	Mailing Address 2931 E Dublin Granville Road Suite 190						05 20 2014													
	City	State	Zip Code				Tra	head	ion ID	1 . 217	77040	^								
	Columbus	ОН	43231				Transaction ID : 21772420													
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	Candidate Name			Cate	egor	y/	1200.00													
	Rep. Pat J. Tiberi			Ту	ype				7		- 7	-	1200	.00						
	Office Sought: X House Disburse Senate President	ment For: 20 Primary Other (specif	X General				Contribution													
	State: OH District: 12																			
_	Full Name (Last, First, Middle Initial)						_													
В.	Team Graham		Date of Disbursement																	
	Mailing Address PO Box 1801		05 20 2014																	
	City																			
	Columbia	State SC	Zip Code 29202				Tra	nsact	tion IE	0:21	77242	2								
	Purpose of Disbursement Contribution			0)11		Amount of Each Disbursement this Period													
	Candidate Name	Category/										1			Т.					
	Sen. Lindsey O. Graham								7		7		3000	.00						
		ment For: 20 Primary Other (specif	General				Contribution													
— c.	Full Name (Last, First, Middle Initial)		Date of Disbursement																	
	Bob Goodlatte For Congress Committee								D	D	/ Y	Y	Y	Y						
	Mailing Address P.O. Box 292		05		2	20		20												
	City Roanoke										Transaction ID : 21772424									
	Purpose of Disbursement			-		_														
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	Candidate Name	Cate		у/	2000.00								٦.							
	Rep. Bob W. Goodlatte Office Sought: V House Disburse	Ту	ype				7		7		2000									
	Senate President		Contri	butio	n															
	State: VA District: 06							_				_	_	_						
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	CHEDULE B (FEC Form 3X)	Use con	arate schedule(s)			R LINE NUMBER: PAGE 108 OF 11													
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(c		k only 21b 27	22 🗙 23 🗌 24 🗌 25 🗌 26								26 30b				
	y information copied from such Reports and Stater for commercial purposes, other than using the nar																		
	NAME OF COMMITTEE (In Full)																		
	American Hospital Association PA	С																	
Α.	Full Name (Last, First, Middle Initial) Kuster For Congress, Inc.						Date of Disbursement												
	Mailing Address P.O. Box 1498						05 / Y Y Y Y 021 / 2014												
	City Concord	State NH	Zip Code 03302					Trans	acti	ion ID):	21772	429						
	Purpose of Disbursement Contribution		-	0	11		A	mount	t of	Each	D	isburse	emen	nt this	Period				
	Candidate Name Rep. Ann McLane Kuster			Cate Ty	egor /pe	γ/				7		. ,		100	0.00				
		ment For: Primary Other (spe	General				Contribution												
В.	Full Name (Last, First, Middle Initial)						Date of Disbursement												
	Mailing Address PO Box 160						05 21 2014												
	Collingswood	State NJ	Zip Code 08108				Transaction ID : 21772432												
	Purpose of Disbursement Contribution Candidate Name				11		Amount of Each Disbursem			Amount of Each Disbursement this Period									
	Mr. Donald Norcross	ment For:	2014	Cate Ty	egor /pe	у/				_	200	0.00							
	-	Primary Other (spe	General				C	ontrib	utior	ו									
с.	Full Name (Last, First, Middle Initial) Garamendi For Congress							ate of	f Dis	sburse	em	ent							
	Mailing Address 1050 17th St Nw Ste 590		05 / D D / Y Y Y Y 21 2014																
	Washington	•):	21772	433						
	Purpose of Disbursement Contribution	11		Amount of Each Disbursement this Period															
	Candidate Name Rep. John Garamendi	ſy/	1000.00																
	Office Sought: House Disburser Senate President State: CA District: 03	ment For: Primary Other (spe	General				Contribution												
s	UBTOTAL of Disbursements This Page (optional)					•	ſ			40				4000	0.00				
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	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	Use sep			LINE I	NUMBER: PAGE 109 OF 111													
		for each category of the Detailed Summary Page				21b 27	22 28a	X	23 28b	24 28c	25 29	26 30b							
	y information copied from such Reports and Stater for commercial purposes, other than using the nar																		
\backslash	NAME OF COMMITTEE (In Full)																		
	American Hospital Association PA	С																	
Ľ	Full Name (Last, First, Middle Initial)																		
Α.	Julia Brownley For Congress						Date of Disbursement												
	Mailing Address PO Box 2018																		
	5	State	Zip Code				Transaction ID : 21772519 Amount of Each Disbursement this Period												
	Thousand Oaks	CA	91358																
	Purpose of Disbursement Contribution			C	011														
	Candidate Name			Cat			1000.00												
	Rep. Julia Brownley Office Sought: V House Disburset	ment For:	0014	Т	ype	;	1000.00												
	Senate X President	Primary Other (spe	General				Contrib	utior	ו										
	State: CA District: 26																		
В.	Full Name (Last, First, Middle Initial) Pallone For Congress						Date of Disbursement												
	Mailing Address PO Box 3176		05 / 29 / Y Y Y Y 2014																
	Long Branch	State NJ	Zip Code 07740				Transaction ID : 21772520												
	Purpose of Disbursement Contribution			(011		Amount of Each Disbursement this Period												
	Candidate Name			Cat			2000.00												
	Rep. Frank Pallone Jr.	mant Far		Т	ype)	2000.00												
	Office Sought: House Disburser Senate President State: NJ District: 06	ment For: Primary Other (spe	X General				Contribution			١									
_	Full Name (Last, First, Middle Initial)																		
C.	Collins For Congress			Date of Disbursement															
	Mailing Address PO Box 386		05 / D D / Y Y Y Y 05 29 2014																
	5	State Zip Code									72522	2							
	Clarence Purpose of Disbursement Contribution																		
	Candidate Name)11		Amour	it of	Each	Disbu	rsem	ent this	Period						
	Rep. Christopher Collins	Cat T	ego ype							260	0.00								
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General		<u>, , , , , , , , , , , , , , , , , , , </u>		Contribution												
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ITI	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(c	hec	k on]21b	· _			100	ſ	04] 2⊑	06				
			Detailed Summary Page				╞	22 28a	×	23 28b		24 28c		25 29	26 30b				
	y information copied from such Reports and Stater for commercial purposes, other than using the nan																		
\square	NAME OF COMMITTEE (In Full)																		
	American Hospital Association PA	C																	
	Full Name (Last, First, Middle Initial) Paul Tonko For Congress						Date of Disbursement												
	Mailing Address 911 Central Avenue PO Box 221							05 29 2014											
		State NY	Zip Code 12206					Tran	sacti	ion II	D :	217725	24						
	Purpose of Disbursement Contribution			C)11			Amour	unt of Each Disbursement this Period										
	Candidate Name Rep. Paul David Tonko			Cate	egoi ype						1			100	0.00				
	Office Sought: K House Disburser	nent For: Primary Other (spe	General		<u>, , , , , , , , , , , , , , , , , , , </u>			Contrib	utior	ו									
	Full Name (Last, First, Middle Initial) Paul Tonko For Congress							Date of Disbursement											
	Mailing Address 911 Central Avenue PO Box 221						05 29 2014												
	Albany	State NY	Zip Code 12206				Transaction ID : 21772525												
	Purpose of Disbursement Contribution Candidate Name			Cate)11 200	rv/		Amount of Each Disbursement this Period											
	Rep. Paul David Tonko Office Sought: Y House Disburser	ment For:			ype			1000.00											
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<u>с</u> .	Full Name (Last, First, Middle Initial)							Date c	of Dis	sburs	ser	nent							
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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDIT	URES				PAGE 111 OF 111 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDE	ENTIFICATION NUMBER V
American Hospital Association F	AC			C c	00106146
Check if 24-hour report 48-hour rep	ort New repo	ort Amends repo		1 M /	D = D / Y = Y = Y = Y
Full Name of Payee			Date	of Public	Distribution/Dissemination
Mentzer Media Services, Inc.				05	D D / Y Y Y Y 20 2014
Mailing Address 600 Fairmount Avenue			L		
Suite 306			Amou	int	
City	State	Zip Code			200000.00
Towson	MD	21286			: 21768576 sement or Obligation
Purpose of Expenditure Television Advertising		Category/ Type 004			$\begin{array}{c} 16 \end{array} \begin{array}{c} 7 \\ 2014 \end{array}$
Name of Federal Candidate		Support	Office Sough	nt:	House District:
Sen. Thad Cochran		Oppose	Presid		Senate State: MS
Calendar Year-To-Date			Disbursemer		Primary General
Per Election for Office Sought	<u> </u>	200000.00	2014 🗌 C	Other (spe	ecify) ►
Full Name of Payee			Date	of Public	Distribution/Dissemination
McCarthy Hennings Whalen, In	IC.		- F	05 /	D D / Y Y Y Y 20 2014
Mailing Address 1850 M Street, NW			A mou	unt .	
Suite 235			Amou	Int	
City	State	Zip Code			11746.74
Washington	DC	20036			: 21768574 sement or Obligation
Purpose of Expenditure Television Production		Category/ Type 004		05 /	D D / Y Y Y Y 20 / 2014
Name of Federal Candidate		Support	Office Sougl	nt:	House District:
Sen. Thad Cochran		Oppose	Presid	lent 🗙	Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		211746.74	Disbursemer 2014	nt For:	Primary General
				Other (spe	ecify) ►
			_		
(a) SUBTOTAL of Itemized Independent Exp	enditures		• •	-7-	211746.74
(b) SUBTOTAL of Unitemized Independent E	-vpanditures				
(c) TOTAL Independent Expenditures			•	-7-	211746.74
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any party committee) any political party committe	candidate or authorized				
Ms. Melinda Hatton	[Electron	ically Filed]	/	20	2014
Signature		Date	06	20	2014